

FORM NO. 5 MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. C. Law of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Newberry **STATE OF SOUTH CAROLINA.**
 Department of Vital Statistics
 Township of W 10 **Local Board of Health**
 Inc. Town of Registration District No. 3401 Registered No. 7
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (For use of Local Registrar)

File No. — For State Registrar Only
49931

(2) Full Name of Child } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u> </u> <small>Is he reported only in case of Twins or Triplets</small>	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u> </u>	(7) DATE OF BIRTH <u>July 17</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Walter ...</u>		(14) NAME BEFORE MARRIAGE <u>...</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>...</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>... SC</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	(15) COLOR OR RACE <u>...</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Pomaria S.C.</u>		(18) BIRTHPLACE <u>Pomaria S.C.</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u> </u>		(21) Number of children of this mother now living, including present birth <u> </u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Counts
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pomaria S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 17 1916 (28) W. E. Counts
 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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