

FORM NO. 5
MARGIN RESERVED FOR INDEXING.
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.
McCart of Columbia.

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of

or
City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

80553

Registration District No. 1152

Registered No. 1152
(For use of Local Registrar)

(2) Full Name of Child Baby Clarence

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Male

(4) Twin or Triplet? No

(5) Number in order of birth 2nd

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 24

(Name of Month) (Day) 1916 (Year)

FATHER.

(8) FULL NAME John E. Churchill

(9) PRESENT POSTOFFICE OF FATHER 253 St Phillips

(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY 41
(Years)

(12) BIRTHPLACE Charleston

(13) OCCUPATION Police man

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Fitzer

(15) PRESENT POSTOFFICE OF MOTHER 253 St Phillips

(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY 35
(Years)

(18) BIRTHPLACE Buckley County

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) J. B. Davis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 96 Wm. W. St

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/25/16

(28) J. M. Davis

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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