

FORM NO. 5. MAILED IN REVERSE SIDE OF THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE 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.

(1) PLACE OF BIRTH

County of York  
 Township of York  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; .... Ward)  
 (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  
**54221**

Registration District No. 4408 Registered No. 23  
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 6, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Daniel Amarr  
 (9) PRESENT POSTOFFICE OF FATHER York R.F.D. 6  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE York Co. SC.  
 (13) OCCUPATION Farmer.  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Ramie Simon  
 (15) PRESENT POSTOFFICE OF MOTHER York R.F.D. 6  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE York Co. SC.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Howell  
 (24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife York SC.

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 10, 1916 (28) J. I. Barron 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.

Registrar  
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