

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 3 SEPARATE BLANKS for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8. McCaw, of Columbia.

W4

N.

McCaw

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Cherokee</u>		STATE OF SOUTH CAROLINA.		45656	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Gaffney</u>		Registration District No. <u>10a</u>	Registered No. <u>4</u>		
or		(For use of Local Registrar)			
City of .....		(No. ....) St. ....	Ward (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		
(2) Full Name of Child <u>Magonia Ethel Moorehead</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? .....	(5) Number in order of birth .....	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>1 5 6</u>	
Is he assumed only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Ben N Moorehead</u>	(14) NAME BEFORE MARRIAGE <u>Ethel Hill</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C.</u>				
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>		
(12) BIRTHPLACE <u>Cleveland Co. N.C.</u>		(18) BIRTHPLACE <u>Gaffney S.C.</u>			
(13) OCCUPATION <u>mill</u>		(19) OCCUPATION .....			
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3 A.M.</u> on the date above stated. (Mean <u>alive</u> or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>R. L. Ferguson</u>		(25) Address of Physician or Midwife <u>Gaffney S.C.</u>			
(24) State whether Physician or Midwife <u>M.D.</u>					
Given name added from a supplemental report .....		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) .....			
..... 191 .....		(27) Filed .....			
Registrar		(28) 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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