

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 8.

McCaw, of Columbia.

W. N.

McCaw

(1) PLACE OF BIRTH  
County of Cherokee  
Township of \_\_\_\_\_  
or  
Inc. Town of Gaffney  
or  
City of \_\_\_\_\_  
(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  
**45636**

Registration District No. 10a Registered No. 4  
(For use of Local Registrar)  
St.: \_\_\_\_\_ Ward: \_\_\_\_\_

(2) Full Name of Child: Magonia Ethel Moorehead 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 \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH 1 5 6  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ben N Moorehead  
(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE Cleveland Co. N.C.  
(13) OCCUPATION mill  
(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Hill  
(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Gaffney S.C.  
(19) OCCUPATION \_\_\_\_\_  
(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 alive at \_\_\_\_\_ on the date above stated. (Hour A. M. or P. M.) 3 A.M.

(23) (Signature) R. L. Ferguson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(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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