

MARGIN RESERVED FOR BINDING

FORM NO. 5 - THIS IS A PERMANENT RECORD.

IF BIRTH OCCURS IN A HOSPITAL OR OTHER INSTITUTION, GIVE NAME OF SAME INSTEAD OF STREET AND NUMBER. (If child is not yet named, make supplemental report as directed)

McCaw, of Columbia.

(1) PLACE OF BIRTH County of <b>UNION, S. C.</b> Township of <b>UNION, S. C.</b> Inc. Town of _____ City of _____		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>87737</b>	
Registration District No. <b>4-207</b> Registered No. <b>110</b> (For use of Local Registrar)		St.: _____ Ward: _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		If child is not yet named, make supplemental report as directed	
(2) Full Name of Child <b>Elizabeth Helen Kershulbas</b>					
(3) <del>NOT</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	(8) 191-6
		To be answered only in case of Twins or Triplets	<b>Yes</b>	<b>11 7</b> (Name of Month) (Day) (Year)	
(8) FULL NAME <b>Ernest Kershulbas</b>			(14) NAME BEFORE MARRIAGE <b>Anna Goodwin</b>		
(9) PRESENT POSTOFFICE OF FATHER <b>Union SC</b>			(15) PRESENT POSTOFFICE OF MOTHER <b>Union SC</b>		
(10) COLOR OR RACE <b>White</b>	(11) AGE AT LAST BIRTHDAY <b>27</b> (Years)	(16) COLOR OR RACE <b>White</b>	(17) AGE AT LAST BIRTHDAY <b>22</b> (Years)		
(12) BIRTHPLACE <b>Sparta Greece</b>			(18) BIRTHPLACE <b>Union S.C.</b>		
(13) OCCUPATION <b>Mechanic</b>			(19) OCCUPATION <b>None</b>		
(20) Number of children born to mother, including present birth <b>2</b>			(21) Number of children of this mother now living, including present birth <b>2</b>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <b>alive</b> at <b>1 P. M.</b> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <b>D. H. Sarratt</b>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
<b>aff'd.</b>					
Given name added from a supplemental report <b>8/24/143</b> <b>L. A. River M.D.</b> Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <b>D. H. Sarratt</b> 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.					