

FORM NO. 5  
 McCaw, of Columbia.  
 MARRIAGE LICENSES AND BIRTH RECORDS.  
 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.

(1) PLACE OF BIRTH  
 County of St. Louis  
 Township of St. Louis  
 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  
44693

Registration District No. 4008 Registered No. 371  
 (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? BOY (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 19 1915  
 (Name of Month) (Day) (Year)  
 To be answered only in event of Twins or Triplets

**FATHER.**

**MOTHER.**

(8) FULL NAME as Holme  
 (9) PRESENT POSTOFFICE OF FATHER Coopers  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)  
 (12) BIRTHPLACE St. Louis Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 8

(14) NAME BEFORE MARRIAGE Russell Cook  
 (15) PRESENT POSTOFFICE OF MOTHER Coopers  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)  
 (18) BIRTHPLACE St. Louis Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 8

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

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

(23) (Signature) H. L. Parker M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Louis

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 Dec 12 1915 (28) H. L. Parker 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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