

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 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Cheshamfield  
Township of Jefferson  
or  
Inc. Town of .....  
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

76374

Registration District No. 1204 Registered No. 61  
(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? (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 6, 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME James W. Middleton  
(9) PRESENT POSTOFFICE OF FATHER Jefferson  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)  
(12) BIRTHPLACE Near Jefferson  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 7

MOTHER.  
(14) NAME BEFORE MARRIAGE Miss Daisy A. Beach  
(15) PRESENT POSTOFFICE OF MOTHER Jefferson  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE Westville S.C.  
(19) OCCUPATION House Keeping  
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Geo W Gregory  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 9/12 1916. (28) D. H. Blackwell 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.