

FORM NO. 5. MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH 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 Summit
 Township of Summit
 or
 Inc. Town of Summit
 or
 City of Summit (No. 1 of Summit St.; 1 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. 77315 For State Registrar Only

Registration District No. 2209 Registered No. 1-11
 (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? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 15, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Yvonne Page</u>			(14) NAME BEFORE MARRIAGE <u>Ortha Patterson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summit</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summit</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Mill</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 6 P.M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) R. D. Smith
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Summit, S.C.

Given name added from a supplemental report _____, 191____

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

(27) Filed Oct 1, 1916 (28) A. H. Mackey
 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.