

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
 McCaw of Columbia FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Anderson
 Township of Garvin
 or
 Inc. Town of _____
 or
 City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
80187

Registration District No. 315 Registered No. 111
 (For use of Local Registrar)
 St. _____ Ward _____

(2) Full Name of Child James Alexandria
 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 2nd
To be answered only in case of twins or triplets (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 20, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Alexandria

(9) PRESENT POSTOFFICE OF FATHER Anderson S.C., #2

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Anderson Co., S.C.

(13) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Gambrell

(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. #2

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE Anderson Co., S.C.

(19) OCCUPATION Farm Laborer

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 9 A.M. (Hour A. M. or P. M.)

(23) (Signature) Liza Smith (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Anderson S.C. #2

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 11/16 1916 (28) H. L. Casey 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.