

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. McCay, of Columbia.

(1) PLACE OF BIRTH

County of Greenwood

Township of .....

or Inc. Town of .....

or City of Greenwood

(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

90112

Registration District No. 23-a

Registered No. 117

(For use of Local Registrar)

(2) Full Name of Child Mama Willie } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 27, 1916

FATHER.

(8) FULL NAME Guy Guyton

(9) PRESENT POSTOFFICE OF FATHER Greenwood

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Anderson Co

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth { Six }

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Whitfield

(15) PRESENT POSTOFFICE OF MOTHER Greenwood

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Anderson Co.

(19) OCCUPATION Saunderess

(22) Number of children of this mother now living, including present birth { Five }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Amanda Harris

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Matwell Arc

Given name added from a supplemental report

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

(27) Filed Dec 29, 1916 (28) W.A. Williams 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.

K S · A F E T Y A F I