

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 *Shelby*

Township of *Shelby*

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

73732

Registration District No. *3008* Registered No. *572*

(For use of Local Registrar)

(2) Full Name of Child. { If child is not yet named, make supplemental report as directed

(3) SEX OR GEAR	(4) Twin or Triplet? <i>Yes</i>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
<i>Male</i>	<i>Yes</i>		<i>Yes</i>	<i>June 15 1916</i>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John D. McKenzie*

(9) PRESENT POSTOFFICE OF FATHER *Bishopville S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *56* (Years)

(12) BIRTHPLACE *Darlington Co*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth { *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mamma Ruth Brown*

(15) PRESENT POSTOFFICE OF MOTHER *Bishopville S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *48* (Years)

(18) BIRTHPLACE *Lee Co.*

(19) OCCUPATION *House work*

(21) Number of children of this mother now living, including present-birth { *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7 A* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. M. M. Lure*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Bishopville S.C.*

Given name added from a supplemental report

*John D. McKenzie*

AMENDED P. I.

APR 27 1918

Registrar

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

(27) Filed *July 20 1916* (28) *C. W. Baird* 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.