

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  
**CERTIFICATE OF BIRTH**  
 County of Greenville STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Greenville State Board of Health  
 or  
 Inc. Town of \_\_\_\_\_ Registration District No. 2209 Registered No. 462  
 (For use of Local Registrar)  
 or  
 City of \_\_\_\_\_ (No. City View St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)  
 (2) Full Name of Child. Yvonne Moore Newman If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only  
77307

(3) BOY OR GIRL? Boy (4) Twin or Triplet?  (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH—Sept. 25<sup>th</sup>, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Ben J. Newman  
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C., City View  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)  
 (12) BIRTHPLACE Greenville S.C.  
 (13) OCCUPATION Brick Mason  
 (20) Number of children born to mother, including present birth 7

MOTHER.  
 (14) NAME BEFORE MARRIAGE Mary E. Moore  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville City View S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)  
 (18) BIRTHPLACE Abbeville Co. S.C.  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
 (22) I hereby certify that I attended the birth of this child, who was born at 5:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) A. S. Pack  
 (24) State where Physician or Midwife Physician Greenville S.C. (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 Aug 25 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.