

FORM NO. 5. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. R.—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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		77307	
Township of <u>Greenville</u>		Bureau of Vital Statistics		State Board of Health	
or Inc. Town of _____		Registration District No. <u>2209</u>		Registered No. <u>462</u>	
or City of _____		(No. <u>City View</u> St.; _____ Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution give name of same instead of street and number.)					
(2) Full Name of Child. <u>Wm. Moore Newman</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 25th 1916</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Ben J. Newman</u>			(14) NAME BEFORE MARRIAGE <u>Mary E. Moore</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>City View S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)		
(12) BIRTHPLACE <u>Greenville S.C.</u>			(18) BIRTHPLACE <u>Abbeville Co. S.C.</u>		
(13) OCCUPATION <u>Brick Mason</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5:45 A.M.</u> on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>A. S. Pack</u>					
(24) State where Physician or Midwife <u>Physician Greenville S.C.</u>					
(25) Address of Physician or Midwife <u>Greenville S.C.</u>					
Given name added from a supplemental report _____, 191....			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
_____, Registrar			(27) Filed <u>Aug 25 1916</u> (28) <u>A. H. Macken</u> 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.					