

FCM 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.

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

File No.—For State Registrar Only
45698

(1) PLACE OF BIRTH
 County of Anderson
 Township of _____
 or
 Inc. Town of _____ Registration District No. _____ Registered No. _____
 or
 City of Gaffney (No. 812 N. Howard 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. Etha Nanette Babers. If child is not yet named, make supplemental report as directed

(3) ~~MALE~~ GIRL? (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 30 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Blaine Babers
 (9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Lowndes, N.C.
 (13) OCCUPATION Merchant
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Etha Pettit
 (15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Gaffney S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8:45 P M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S.C.

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 1/31 1916 (28) [Signature] 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.

*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.