

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 *Wadesboro*

Township of *Old Place*

or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *1206*

Registered No. *88*

(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 *Robert Marshall* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>single</i> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <i>1st</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>9 24 1911</i> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME *James Hatto*

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

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *26* (Years)

(12) BIRTHPLACE *Old Stone Churchfield, S.C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth { *1* }

MOTHER.

(14) NAME BEFORE MARRIAGE *Anna Jenkins*

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

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27* (Years)

(18) BIRTHPLACE *Union Co S.C.*

(19) OCCUPATION *House Wife*

(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 *alive* at *12-20 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Brethens L. Moore M.D.*

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

Given name added from a supplemental report

....., 1911

.....
Registrar

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

(27) Filed *10/10/11* (28) *T. E. Cato*
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.