

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 *Lexington*
Township of *Boiling Springs*
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
73760

Registration District No. *3108* Registered No. *22*
(For use of Local Registrar)

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *July 25th 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Moody Smith*
(9) PRESENT POSTOFFICE OF FATHER *Lexington, S.C. Rfd 3*
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *27* (Years)
(12) BIRTHPLACE *Gilbert, S.C.*
(13) OCCUPATION *Cotton Milling*
(20) Number of children born to mother, including present birth { *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Jessie Edna Hallman*
(15) PRESENT POSTOFFICE OF MOTHER *Lexington S.C. Rfd 3*
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *31* (Years)
(18) BIRTHPLACE *Seesville S.C.*
(19) OCCUPATION *Home*
(21) Number of children of this mother now living, including present birth { *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *2 a* .. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. J. Nungard, M.D.*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Lexington, 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 *Sept. 1916* (28) *P. H. Derrick* 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.