

FORM NO. 5

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH CELEBRATING 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 3.

McCaw, of Columbia.

(1) PLACE OF BIRTH  
 County of St. Phillips STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of Greenwood  
 Inc. Town of ..... Registration District No. 2306 Registered No. 136  
 (For use of Local Registrar)  
 City of ..... 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, Fernando Forest S. Lurue child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Male</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 28, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Gen. B. C. Lurue</u>			(14) NAME BEFORE MARRIAGE <u>Mary D. M. Carthy</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenwood S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwood S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Greenwood S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>		
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Warren Co. Ga.</u>	
(19) OCCUPATION <u>Home Keeper</u>			(20) Number of children of this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born, at 555-P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) P. B. Lurue  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Greenwood 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 Oct. 10, 1916 (28) P. B. Lurue 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.

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