

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 Newberry
 Township of _____
 or
 Inc. Town of Newberry, Registration District No. 14-A Registered No. 11
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
49925

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

(2) Full Name of Child Floss Jefferson Peseccion } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? Neither (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 21 1916
(To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME J. W. Peseccion
 (9) PRESENT POSTOFFICE OF FATHER Newberry S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHEPLACE NC
 (13) OCCUPATION Collon and produce
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Magnolia Dugel
 (15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHEPLACE Georgia
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at _____ 9:³⁰ A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. N. Dugel, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Newberry 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 March 4, 1916 (28) J. S. Cunningham 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.