

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. TIME OTHER, No. 2, etc., in question 5.

McClaw of Columbia.

(1) PLACE OF BIRTH

County of Cherokee

Township of

or

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75976

Registration District No. 9A

Registered No. 953

(For use of Local Registrar)

(2) Full Name of Child

Baby Meyers

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Male

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

9 9 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Washington

(9) PRESENT POSTOFFICE OF FATHER

DC

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

DK
(Years)

(12) BIRTHPLACE

DC

(13) OCCUPATION

Laborer

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Meyers

(15) PRESENT POSTOFFICE OF MOTHER

DC

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

DC

(19) OCCUPATION

Domestic

(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 6A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mason K. Hines

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

2770 Main

Given name added from a supplemental report

(26) Witness

W. J. Mercer
(Signature of Witness necessary only when question 23 is signed by mark)

....., 191.....

(27) Filed 9/14 1916 (28) J. Mercer 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.