

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.

McCraw, of Columbia.

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
 County of Charleston STATE OF SOUTH CAROLINA.
 Township of St. Pauls
 or
 Inc. Town of Youngs Is. Registration District No. 910
 or
 City of _____ (No. _____) Registered No. 23
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
71851

(2) Full Name of Child Jewell Edris Gatch } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 6 1916
To be assessed only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Geo G Gatch
 (9) PRESENT POSTOFFICE OF FATHER Youngs Island
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Waterboro S.C.
 (13) OCCUPATION K.K. Section Foreman
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Cherie G Beach
 (15) PRESENT POSTOFFICE OF MOTHER Youngs Island S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Waterboro S.C.
 (19) OCCUPATION house wife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at _____ P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 _____, 1916
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed [Signature] 1916 (28) [Signature] 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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