

FORM NO. 5. MAJORS DISBURSED FROM THE BUREAU OF VITAL STATISTICS. WITH UNEXPIRED 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 8.

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Orangeburg
 or
 Inc. Town of
 or
 City of (No. Sl.; Ward)
 (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
50150

Registration District No. 3613 Registered No. 21
 (For use of Local Registrar)

(2) Full Name of Child. Lois Caroline Farnes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 16, 1944
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Charles Reeves Farnes
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg SC RFD #1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Orangeburg Co
 (13) OCCUPATION James
 (20) Number of children born to mother, including present birth Four

MOTHER.
 (14) NAME BEFORE MARRIAGE Miss Maybelle Boyd
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg SC RFD #1
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE Orangeburg Co SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. E. Doyke, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report
W.A.R. esu 191...
1/25/44
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Feb 15 1944 (27) Filed 191-6 (28) A. G. Fairley 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.

Registrar | Local Registrar.

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