

FORM NO. 5. MARGIN RESERVED FOR BINDING & MARKING RESERVED FOR BINDING & MARKING

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.

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

File No. — For State Registrar Only
83584

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of Walnut Grove
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4010 Registered No. 48
 (For use of Local Registrar)

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

(2) Full Name of Child

(3) BOY OR GIRL? <u>Boy</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>Oct 1, 1914</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>William Daniel Farnsworth</u>			(14) NAME BEFORE MARRIAGE <u>Mellie C. Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pauline S. C. R.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pauline S. C. R.</u>	
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Spartanburg Co S.C.</u>			(17) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	
(13) OCCUPATION <u>Housewife</u>			(18) BIRTHPLACE <u>Spartanburg Co S.C.</u>	
(20) Number of children born to mother, including present birth <u>Four</u>			(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth <u>Four</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born Alive at 1 A. M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) S. J. Lancaster, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Pauline 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)
Nov 6 1914 (27) Filed Nov 6 1914 (28) S. F. Newman 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.