

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 Charleston
 Township of Pinckney
 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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

71917

Registration District No. 1413 Registered No. 110
 (For use of Local Registrar)

(2) Full Name of Child. Arthur Harrison McElrath

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? (7) DATE OF BIRTH Aug - 13, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Reynold B. McCaw
 (9) PRESENT POSTOFFICE OF FATHER Spring St. R.F.D.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Charleston County
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary McCaw
 (15) PRESENT POSTOFFICE OF MOTHER Spring St. R.F.D.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Charleston County
 (19) OCCUPATION Housewife
 (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 8:30 P. M., (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Dr. J. D. Sullivan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spring St. R.F.D.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 27, 1916 (28) H. H. Pritchard 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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