

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 Florence
Township of
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
72658

Registration District No. 20.A Registered No. 187
(For use of Local Registrar)
St.; Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? boy
(4) Twin or Triplet?
(5) Number in order of birth
(6) Are Parents Married?
(7) DATE OF BIRTH June 19 1906
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Early J. Whitten
(9) PRESENT POSTOFFICE OF FATHER Fern S.C.
(10) COLOR OR RACE w
(11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth 5

MOTHER.
(14) NAME BEFORE MARRIAGE Mrs. J. L. ...
(15) PRESENT POSTOFFICE OF MOTHER Fern S.C.
(16) COLOR OR RACE w
(17) AGE AT LAST BIRTHDAY 31 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(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 4:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. C. ...
(24) State whether Physician or Midwife Phys.
(25) Address of Physician or Midwife Fern 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)
(27) Filed June 28 1906 (28) M. H. J. ... Local Registrar

*When there was no attending physician or midwife, when 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.