

FORM NO. 5
McCaw, of Columbia, S.C.
MARGERITA
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.

(1) PLACE OF BIRTH
 County of Greenville
 Township of _____
 or
 Inc. Town of Greenville Co. Registration District No. 2209 Registered No. 520
 or
 City of Greenville (No. MOON 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
85805

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 2 1916
In be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James F. Hester
 (9) PRESENT POSTOFFICE OF FATHER Greenville
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Pickens Co
 (13) OCCUPATION Barber
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Loane Moon
 (15) PRESENT POSTOFFICE OF MOTHER Greenville
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Greenville
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Algenet Brown
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Greenville

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 Nov 11 1916 (28) _____ 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.