

FORM NO. 5. MAJGEN 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. M. McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Barnwell
 Township of _____
 or
 Inc. Town of Blackville
 or
 City of _____

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

File No.—For State Registrar Only
63137

Registration District No. 5-A Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child Chicki Bonner Stel } If child is not yet named, make supplemental report as directed
(No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth 1 (6) Are Parents Married? (7) DATE OF BIRTH June 1916
To be answered only in case of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Howard C. Stel
 (9) PRESENT POSTOFFICE OF FATHER Blackville S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Years)
 (12) BIRTHPLACE Barnwell Co
 (13) OCCUPATION Wood Worker
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Wade
 (15) PRESENT POSTOFFICE OF MOTHER Blackville S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Years)
 (18) BIRTHPLACE Barnwell Co
 (19) OCCUPATION House wife
 (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 _____ at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) P. F. Bonner
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Blackville, 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 30 1916 (28) C. S. Hammond
 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.
 a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.