

FORM NO. 5

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH ENFOLDING 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.

McCraw of Columbia

(1) PLACE OF BIRTH

County of Wayne

Township of Halsville

or

Inc. Town of

or

City of

(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

45980

Registration District No. Registered No.

(For use of Local Registrar)

(2) Full Name of Child Rosa Sparks

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

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
		<u>4</u>	<u>Yes</u>	<u>1. 22. 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME	<u>Emasie Sparks</u>	(14) NAME BEFORE MARRIAGE	<u>Rosa Gordon</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Hartsville</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Hartsville</u>	
(10) COLOR OR RACE	<u>African</u>	(16) COLOR OR RACE	<u>African</u>	(17) AGE AT LAST BIRTHDAY
				<u>22</u> <small>(Years)</small>
(11) AGE AT LAST BIRTHDAY	<u>23</u> <small>(Years)</small>	(18) BIRTHPLACE	<u>Hartsville S.C.</u>	
(12) BIRTHPLACE	<u>Hartsville</u>	(19) OCCUPATION	<u>House Keeper</u>	
(13) OCCUPATION	<u>Housewife</u>	(20) Number of children of this mother now living, including present birth	<u>4</u>	
(20) Number of children born to mother, including present birth	<u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9. P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Howle M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 Jan 26. 1916. (28) A. E. Quinn 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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