

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 Kershaw  
 Township of Buffalo  
 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.)  
 Registration District No. 2700 Registered No. 62  
 (For use of Local Registrar) (Ward)

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

File No.—For State Registrar Only  
**64910**

(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? No (5) Number in order of birth Two (6) Are Parents Married? Yes (7) DATE OF BIRTH June 13, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Arthur Mayo  
 (9) PRESENT POSTOFFICE OF FATHER Bothune SC  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE Georgia  
 (13) OCCUPATION Farm Hand  
 (20) Number of children born to mother, including present birth Two

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Sarah Blair  
 (15) PRESENT POSTOFFICE OF MOTHER Bothune SC  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE Kershaw Co  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was Alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) A. M. Stephens 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 July 6, 1916 (28) J. H. McCull 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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