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.

N. B. McCaw, of Columbia.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2479

(1) PLACE OF BIRTH

County of Abbeville

Township of Burdeaux

Inc. or Town of McCormick Registration District No. 101 Registered No. 5 (For use of Local Reistrar)

City or of ..... (No. ..... 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** Thelma Strom ... 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb (Name of Month), 7 (Day), 1915 (Year)

FATHER.	MOTHER.
(8) FULL NAME Wilbur M Strom	(14) NAME BEFORE MARRIAGE Winifred Clinkscales
(9) PRESENT POSTOFFICE OF FATHER McCormick S.C.	(15) PRESENT POSTOFFICE OF MOTHER McCormick S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Edgefield C S.C.	(18) BIRTHPLACE Anderson Co S.C.
(13) OCCUPATION Druggist	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn), at 5 A M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) S. A. J. Bell M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife McCormick 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 Feb 15 1915 (28) J. B. Dawson 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.

Registrar 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.

McCaw,