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
8961

(1) PLACE OF BIRTH

County of ....Williamsburg.

Township of ....Mingo...

or
Inc. Town of ....Rhems S.C. Registration District No. 4307 ....Registered No. ..... (For use of Local Reistrar)

or
City 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** ....Marie Anderson.... If child is not yet named, make supplemental report as directed

| (3) ~~BOY OR~~ GIRL? | (4) Twin or Triplet? | (5) Number in order of birth 1 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH March 3 1915 (Name of Month) (Day) (Year) |
|---|---|---|---|---|
| | To be answered only in event of Twins or Triplets | | | |

| FATHER. | | MOTHER. | |
|---|---|---|---|
| (8) FULL NAME | Michael Anderson | (14) NAME BEFORE MARRIAGE | Dulah Smoots |
| (9) PRESENT POSTOFFICE OF FATHER | Rhems, S.C. | (15) PRESENT POSTOFFICE OF MOTHER | Rhems S.C. |
| (10) COLOR OR RACE | Negro (11) AGE AT LAST BIRTHDAY 25 (Years) | (16) COLOR OR RACE | Negro (17) AGE AT LAST BIRTHDAY 22 (Years) |
| (12) BIRTHPLACE | Williamsburg Co | (18) BIRTHPLACE | S.C. |
| (13) OCCUPATION | Farmer | (19) OCCUPATION | House Wife |
| (20) Number of children born to mother, including present birth | 1 | (21) Number of children of this mother now living, including present birth | ..... |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ....[illegible].... (Born alive or ~~stillborn~~) at ....10.... P.M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) ....Eliza Myers....

(24) State whether Physician or Midwife: Mid Wife

(25) Address of Physician or Midwife: Rhems. 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 3/27 1915 (28) ....J. H. Pratt MD.... 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.