

(1) PLACE OF BIRTH

County of Storry
 or
 Township of D. J. Shuff
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90350

Registration District No. 2503 Registered No. 39
 (For use of Local Registrar)

(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 Katie Primrose Cain { 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 20, 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Waiter Cain
 (9) PRESENT POSTOFFICE OF FATHER Galivants Ferry, S.C.H.I
 (10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Marion Co.,
 (13) OCCUPATION Farm
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Primrose Hatcher
 (15) PRESENT POSTOFFICE OF MOTHER Galivants Ferry, S.C.H.I
 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Marion Co.
 (19) OCCUPATION
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:0 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. King(24) State whether Physician or Midwife MD(25) Address of Physician or Midwife Ayrton, S.C.

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12/28 19 16 (28) John Johnson
 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.