

K O D A K

(1) PLACE OF BIRTH

County of Stoney
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? ye (7) DATE OF BIRTH Dec 20, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Cain
(9) PRESENT POSTOFFICE OF FATHER Galivants Ferry, S.C.H 1
(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 Datcher
(15) PRESENT POSTOFFICE OF MOTHER Galivants Ferry, S.C.H 1
(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 12/27 19 16 (28) Thos. Johnson 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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

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