

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cross Anchor
 or Cross Anchor
 Inc. Town of Cross Anchor
 or Cross Anchor
 City of Cross Anchor

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
16736

Registration District No. 4003 Registered No. 45
 (For use of Local Registrar)

St.; Ward)
 (No.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Raymond Kendrick Rains (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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 12 1922
 (Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Sarah Ellen Strange
 (15) PRESENT POSTOFFICE OF MOTHER Cross Anchor, SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE Jefferson Co. Tenn
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was alive at 4:45 A.M., on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) C. B. Hanna
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Cross Anchor SC

Given name added from a supplemental report (26) Witnesses (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 12 1922 (28) C. B. Hanna 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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