

## (1) PLACE OF BIRTH

County of RichmondTownship of Savannah

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 311No. 264 - For State Registrar OnlyRegistered No. 5  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eddie Lee Caine

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Willie Caine

(9) PRESENT POSTOFFICE OF FATHER

Star S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

24  
(Years)

(12) BIRTHPLACE

Anderson S.C.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lela Caine

(15) PRESENT POSTOFFICE OF MOTHER

Star S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(18) BIRTHPLACE

Anderson S.C.

(19) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1 X

(21) Number of children of this mother now living, including present birth

1 X

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Palmer

(24) State whether, Physician or Midwife

Midwife

(25) Address of Physic. or Midwife

Star, S.C. Rte 2

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Jan 14 1913

(28)

La. Lord19  
Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.