

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.

Form 5-6

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Greenville
Township of Saulklein
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

22349

Registration District No. 2205 Registered No. 32
(For use of Local Registrar)

(2) Full Name of Child Henry Eden Gaines (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH June 29 1922
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Benjamin Franklin Gaines
(9) PRESENT POSTOFFICE OF FATHER Honea Path S.C. R5
(10) COLOR OR RACE M (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE Greenville Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Florice Eliza Peden
(15) PRESENT POSTOFFICE OF MOTHER Honea Path S.C. R5
(16) COLOR OR RACE M (17) AGE AT LAST BIRTHDAY..... (Years)
(18) BIRTHPLACE Greenville Co. S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. J. H. Knight M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Honea Path 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 July 22 1922 (28) W. C. Knight 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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