

(17) PLACE OF BIRTH
County of Calhoun
Township of Center
or
Inn. Town of

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

No. 41004
For State Registrar Only

Registration District No. 38-3 Registered No. 757
(For use of Local Registrar)
City of (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 Unnamed Cain If 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 15-2-23
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Claud Cain
(9) PRESENT POSTOFFICE OF FATHER Westminster, B.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21
(Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Heta S. Martin
(15) PRESENT POSTOFFICE OF MOTHER Westminster, B.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House Wife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. A. Strickland, M.D.

(24) State whether Physician or Midwife Physician Address of Physician or Midwife Westminster

Given name added from a supplemental report

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

(27) Filed Dec 27 1923 (28) A. P. Martin 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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