

MAKING PRESERVED FOR BINDING.

FORM NO. 6

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.

McGraw-Hill, Columbia

(1) PLACE OF BIRTH

County of Laurin
Township of Laurin
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

77885

Registration District No. 2904 Registered No. 113
(For use of Local Registrar)
(No. of Street and Number.)

(2) Full Name of Child. Della Caine

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 8

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 9, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Herriot Caine

(9) PRESENT POSTOFFICE OF FATHER Laurin Road 5

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE Sumter Co SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Olive Mellett

(15) PRESENT POSTOFFICE OF MOTHER Laurin Road 5

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)

(18) BIRTHPLACE Sumter Co SC

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. J. Christopher

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phyllis Loren

Given name added from a supplemental report

1916

Registrar

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

(27) Filed Sept 11, 1916 (28) A. E. Bishop 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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