

(1) PLACE OF BIRTH

County of Charleston  
Township of .....  
or  
Inc. Town of .....  
or  
(City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 1906

File No. — For State Registrar Only

28213

Registered No. ....  
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex Female (7) DATE OF BIRTH 21 6 1943  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John William Gains  
(9) PRESENT POSTOFFICE OF FATHER Wilmington, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Year)  
(12) BIRTHPLACE Wilmington, S.C.  
(13) OCCUPATION Business

MOTHER.

(14) NAME BEFORE MARRIAGE John William Gains  
(15) PRESENT POSTOFFICE OF MOTHER Wilmington, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)  
(18) BIRTHPLACE Wilmington, S.C.  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4

(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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Wilmington, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/23/43

(28) W.C. Hester

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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