

NEVER 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 make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.
 STATE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH *Rock Hill*County of *York*Township of *Columbia*or
Inc. Town of *Rock Hill*or
City of *Rock Hill*

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

(2) Full Name of Child *Mary Lucille Rainey*(3) ~~SEX OF~~
GIRL(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in case of Twins or Triplets(6) Are
Parents
Married?(7) DATE OF
BIRTH
Time of Month (Day) (Year)

FATHER

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY *26*
(Year)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY *28*
(Year)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *5:12 P.M.*
on the date above stated. (Born alive *at* (Hour) *5:12* P.M.)(23) (Signature) *L. C. Rainey*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Signed

(28) 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 sixth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. *4406*

File No.—For State Registrar Only

*2766*Registered No. *6*
(For use of Local Registrar)No. *1* WardIf child is not yet named, make
supplemental report as directed