

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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of
 Township of
 OR
 Inc. Town of
 OR
 City of Spartanburg.....
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
20066

Registration District No. 40-a Registered No. 258
 (For use of Local Registrar)
 (No. 146 Johnson St.; 5 Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

Gaines
 (3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 29 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. Burton Gaines
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
 (Years)
 (12) BIRTHPLACE Ga.
 (13) OCCUPATION Carpenter

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Ledbetter
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Home

(20) Number of children born to mother, including present birth 6 (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 at 1 A. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. W. Boyd
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

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

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it is to be reported as stillborn. No report is desired of stillbirths occurring in the month of pregnancy.

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