

(1) PLACE OF BIRTH

County of Darlington

Township of .....

or

Inc. Town of .....

or

City of Darlington

(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

14491

Registration District No. 12ARegistered No. 32

(For use of Local Registrar)

St.; ..... Ward)

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

(2) Full Name of Child Cleveland Beaumont Gainer

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH May 13, 1935

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Kosher Hartman Gainer(9) PRESENT POSTOFFICE OF FATHER Darlington, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE no. Car.(13) OCCUPATION Carpenter(14) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Cizzie Janie Jarrigan(15) PRESENT POSTOFFICE OF MOTHER Darlington, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE North Carolina(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:15 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Darlington, S.C.

Given name added from a supplemental report

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

(27) Filed June 1, 1935 (28) [Signature] 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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