

(1) PLACE OF BIRTH

County of Anderson
 Township of Anderson
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

5240

Registration District No. 47. + B. Registered No. 12....
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Irma Rayne If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Female</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 10 1938</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Rayne</u>			(14) NAME BEFORE MARRIAGE <u>Mary Rayne</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>C.R.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>C.R.</u>	
(10) COLOR OR RACE <u>White</u>			(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>C</u>			(16) BIRTHPLACE <u>C</u>	
(13) OCCUPATION <u>Farmer</u>			(17) OCCUPATION <u>Farmer</u>	
(18) Number of children born to mother, including present birth <u>4</u>			(19) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was born alive at 10:00 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) W. G. [Signature]
 (22) State whether Physician or Midwife

(23) Address of Physician or Midwife
[Address]

Given name added from a supplement-
 al report

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

(25) Filed Feb 10 1938 (26) [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.