

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 Inc. Town of.....
 City of.....

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

Registration District No. 2202

No. for Sub-Record

14113Registered No. 14113
(For use of Local Registrar)

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

(2) Full Name of Child Earlie Livy Rains If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Female (4) Type or Figure To be determined by sex of Testes or Ovaries (5) Number in order of birth 1st (6) Age of Child 1 day (7) DATE OF BIRTH May 6, 1925

(8) FULL NAME OF FATHER John Newton Rains (9) FULL NAME OF MOTHER Viola May

(10) PRESENT RESIDENCE OF FATHER Greenville S.C. (11) PRESENT RESIDENCE OF MOTHER Greenville S.C.

(12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY 4-9 (14) COLOR OR RACE W (15) AGE AT LAST BIRTHDAY 4-1

(16) BIRTHPLACE Greenville S.C. (17) BIRTHPLACE Greenville S.C.

(18) OCCUPATION Farmer (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1st (21) Number of children of this mother now living, including present birth 1-2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... born... at... 7 A.M.... on the date above stated. (Hour, Day, Month, Year)

(23) (Signature) Thyamus (24) State whether Physician or Midwife Physician (25) Location of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date May 11, 1925 (28) Local Registrar J. D. Jones

*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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

Bureau of Vital Statistics, Columbia, S. C.