

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.  
 MOBILE or COLUMBIA, COLUMBIA, E. C.

(1) PLACE OF BIRTH

County of Pickens  
 Township of CENTRAL, S. C.  
 OR  
 Inc. Town of CENTRAL, S. C.  
 OR  
 City of .....

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

File No.—For State Registrar Only

16352

Registration District No. 3220 Registered No. 711  
 (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 Ruth Eliza Gaines

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

(3) BOY OR GIRL girl (4) Twin or Triplet? - (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH May 28 1922  
 (Name (Month) (Day) (Year))

**FATHER.**  
 (8) FULL NAME Thos. Jackson Gaines  
 (9) PRESENT POSTOFFICE OF FATHER CENTRAL, S. C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19 (Years)  
 (12) BIRTHPLACE Spartanburg Co. S. C.  
 (13) OCCUPATION weaver

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Annie Belle Howard  
 (15) PRESENT POSTOFFICE OF MOTHER CENTRAL, S. C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Anderson Co. S. C.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth one  
 (21) 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 alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) at 10:20 P. M.

(23) (Signature) E. W. Griffin  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife CENTRAL, 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 11 1922 (28) J. H. Becken 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.