

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbeville
OR
Inc. Town of.....
OR
City of.....

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

File No.—For State Registrar Only
17261

Registration District No. 1. 1. 1. Registered No. 87
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 3, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Alvin Sain
(9) PRESENT POSTOFFICE OF FATHER Abbeville
(10) COLOR OR RACE Wk. (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Lela Wilson
(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C. R.F.D.
(16) COLOR OR RACE Wk. (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Milly Ann Childs
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report
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.....
19 ..
Registrar

(26) Witness J. E. Punsley
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 15, 1922 (28) J. E. Punsley 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.