

MARGIN RESERVE 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 8

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">4436</div>
County of <u>Lee</u> Township of <u>Gresham</u> or Inc. Town of ..... or City of .....		Registration District No. <u>3000?</u> Registered No. <u>17</u> (For use of Local Registrar)		(No. .... 54.) ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child <u>George C. Cairn</u>		If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be covered 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 3 1923</u> (Name of Month) (Day) (Year)
(8) FATHER FULL NAME <u>J. D. Cairn</u> PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u> (9) COLOR OR RACE <u>White</u> (10) AGE AT LAST BIRTHDAY <u>27</u> (Year) (11) BIRTHPLACE <u>Columbia S.C.</u> (12) OCCUPATION <u>Farmer</u>		(13) MOTHER NAME BEFORE MARRIAGE <u>Lillian Young</u> PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u> (14) COLOR OR RACE <u>White</u> (15) AGE AT LAST BIRTHDAY <u>25</u> (Year) (16) BIRTHPLACE <u>Hamfield S.C.</u> (17) OCCUPATION <u>Housewife</u>		
(18) Number of children born to mother, including present birth <u>1</u>		(19) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b>				
(20) I hereby certify that I attended the birth of this child, who was <u>born alive or stillborn</u> at <u>3:30</u> M., on the date above stated. (Hour A. M. or P. M.)				
(21) (Signature) <u>Carroll H. Mulholland</u> (22) State whether Physician or Midwife <u>Physician</u>		(23) Address of Physician or Midwife <u>Hamfield S.C.</u>		
Given name added from a supplemental report		(24) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>J. F. Mulholland</u> (25) Filed <u>2/10 1923</u> (26) Local Registrar.		

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 If a child is stillborn, even still, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.