

## (1) PLACE OF BIRTH

County of .....

Township of .....

Inc. Town of .....

City of Florence, S.C.

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

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

File No.—For State Registrar Only

4105

Registration District No. 70-A

Registered No. 66

(For use of Local Registrar)

(No. 405 E. Cheever 2 Ward)

## (2) Full Name of Child

Harry Lee Cain

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

(3) SEX OF CHILD  
Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 22, 22

(8) FATHER's NAME Marion Ernest Cain

(9) PRESENT POSTOFFICE OF FATHER Florence, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43

(12) BIRTHPLACE Florence Co., S.C.

(13) OCCUPATION Machinist

(14) Number of children born to mother, including present birth One

(14) NAME BEFORE MARRIAGE Ollie May Hewitt

(15) PRESENT POSTOFFICE OF MOTHER Florence, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 15

(18) BIRTHPLACE Florence Co., S.C.

(19) OCCUPATION House-wife

(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.

(23) (Signature) M. J. [Signature]

(24) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

M. J. [Signature] C. C. Craft 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.