

(1) PLACE OF BIRTH

County of FlammarTownship of Salu

or

Inc. Town of

or

City of

(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

28319

Registration District No. 2009Registered No. 707  
(For use of Local Registrar)

(No. of Ward)

(2) Full Name of Child John Bylie Cain

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

(3) BOY  
GIRLBoy(4) Twin  
or Triplet?-(5) Number in  
order of birth-(6) Are Parents  
Married?Yes(7) DATE  
BIRTHSept 2023

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEWillie Cain(9) PRESENT  
POSTOFFICE  
OF FATHERLeno SC(10) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY26  
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer(14) Number of children born to  
mother, including present birth3

## MOTHER.

(14) NAME BEFORE  
MARRIAGEEmma Wilson(15) PRESENT  
POSTOFFICE  
OF MOTHERLeno SC(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY23  
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife(21) Number of children of this mother  
now living, including present birth3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive, at 2 P.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

Lea Ann Aid

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeHenningsway SCGiven name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by nurse)(27) Filed 9/29 19231923

(28)

Lea Carter  
Local Registrar

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.as a nurse delivered even when, as above, only the father or householder is present.  
before the fifth month of pregnancy.