

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(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

Registration District No. 9. A.No. 32007

Registered No.

(For use of Local Registrar)

(No. 10.5. Lanning St. Ward)

(2) Full Name of Child

Baby Cain

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

3) BOY OR GIRL

Girl

4) Twin or Triplet

To be answered only in case of Twin or Triplet

5) Number in order of birth

6) Sex of child

yes

7) DATE OF BIRTH

Nov. 2, 1911

(Month) (Day) (Year)

FATHER

8) FULL NAME

John Cain

9) PRESENT RESIDENCE OF FATHER

Charleston

10) COLOR OR RACE

Color11) AGE AT LAST BIRTHDAY 2. 3.

12) BIRTHPLACE

Summerville

13) OCCUPATION

Butcher

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

Two

MOTHER

15) NAME BEFORE MARRIAGE

Jane Smith

16) PRESENT RESIDENCE OF MOTHER

Charleston

17) COLOR OR RACE

Colored

18) AGE AT LAST BIRTHDAY

19) BIRTHPLACE

Summerville

20) OCCUPATION

House wife

21) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

mid wife

(25) Address of Physician or Midwife

46 Morris St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

11/2627J. M. ...

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.