

(1) PLACE OF BIRTH

County of

Township of

or Town of

City of

(No. .... St.; .... Ward)  
(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

12932

Registration District No. 40.1. Registered No. 40.....

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) SEX OF CHILD Male	(4) Type or Tradition To be answered only in event of Type or Tradition	(5) Number in order of birth	(6) Age of Parents Mother 30	(7) DATE OF BIRTH June 8, 1923 (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Lewis H. Cain

(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)

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

(13) OCCUPATION Sumbraman

MOTHER

(14) NAME BEFORE MARRIAGE Fannie Belle Creech

(15) PRESENT POSTOFFICE OF MOTHER Olin S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)

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

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... on the date above stated.

(23) (Signature) F. H. ...

(24) State whether Physician or Midwife

(25) Address of 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 June 8, 1923 (28) J. E. ... 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.

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