

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31279

Registration District No.

Registered No.

(For use of Local Registrar)

(No. .... St. .... Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Truth Cain

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

3) BOY OR  
GIRLGirl4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

5) Number in  
order of birth(6) Are  
Parents  
Married?Yes(7) DATE OF  
BIRTHSept 5 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL  
NAMEGeorge Cain9) PRESENT  
POSTOFFICE  
OF FATHERPennettsville, S.C.10) COLOR  
OR  
RACEColored(11) AGE AT LAST  
BIRTHDAY27

(Year)

12) BIRTHPLACE

Malboro, C.S.C.

13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE  
MARRIAGEAlie Lawston(15) PRESENT  
POSTOFFICE  
OF MOTHERPennettsville, S.C.(16) COLOR  
OR  
RACEColored(17) AGE AT LAST  
BIRTHDAY20

(Year)

(18) BIRTHPLACE

Malboro, C.S.C.

(19) OCCUPATION

Housewife(20) Number of children born to  
mother, including present birth12(21) Number of children of this mother  
now living, including present birth2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alie at 8 P M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Diana Jones

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Pennettsville, S.C.Given name added from a supplement  
report

(26) Witness

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

(27) Filed

Oct 8 1922

(28)

Ms. J. J. Sate19  
Registrar

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.