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CERTIFICATE OF BIRTH

County of Charleston, S.C.

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Register Only

3121

196

City of .....

Registration District No. 9 A Registered No. ....  
City of Charleston, S.C. (For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Francis Candray Cairns (If child is not yet named, make supplemental report as directed)

(2) SEX OR GENDER Boy (3) Type of Triplet? X (4) Number in order of birth X (5) Are Parents Married? Yes (6) DATE OF BIRTH Feb 26 (Name of Month) (Day) (Year)

FATHER.  
(7) FULL NAME Francis Candray Cairns  
(8) PRESENT POSTOFFICE OF FATHER 29 Buell St Charleston, S.C.  
(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 33 (Years)  
(11) BIRTHPLACE Pineapolis, S.C.  
(12) OCCUPATION Physician (M.D.)

MOTHER.  
(13) NAME BEFORE MARRIAGE Anna Barbara Gathies  
(14) PRESENT POSTOFFICE OF MOTHER 29 Buell St Charleston, S.C.  
(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 29 (Years)  
(17) BIRTHPLACE Gainesville, Ala.  
(18) OCCUPATION Wife

(19) Number of children born to mother, including present birth 1 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) John A. Wilson (23) Address of Physician or Midwife Physician

Given Name added from a supplemental report  
101  
Registrar

(24) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(25) Filed 3/8 23 (26) 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.