

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.
Caw. of Columbia.

(1) PLACE OF BIRTH

County of York orTownship of King's Mountain

Inc. Town of

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

50817

Registration District No. 4407 Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Marion Rainey { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 21
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marshall B. Falle(9) PRESENT POSTOFFICE OF FATHER King's Creek R.D. #(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE York or(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Belle M. M. M.(15) PRESENT POSTOFFICE OF MOTHER King's Creek(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE York or(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. N. Miller(24) State whether Physician or Midwife (25) Address of Physician or Midwife King's Creek, S.C.

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed Feb 26 1916(28) J. B. Brison 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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