

1) PLACE OF BIRTH

County of Florence
 Township of Cains
 In Town of Pamplico
 or
 City of

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

File No.—For State Registrar Only

18566

Registration District No. 2001 Registered No. 41
 (For use of Local Registrar)

City of (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 Alibe Cain (If child is not yet named, make supplemental report as directed)

3) SEX OR GIRL boy 4) Twin or Triplet? one 5) Number in order of birth one 6) Are Parents Married? yes 7) DATE OF BIRTH May 19, 1927
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Rosa Cain
 9) PRESENT POSTOFFICE OF FATHER Hyman S.C.
 10) COLOR OR RACE Colord 11) AGE AT LAST BIRTHDAY 25
 (Years)
 12) BIRTHPLACE Hyman
 13) OCCUPATION Farmer
 14) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Sadie Moyde
 15) PRESENT POSTOFFICE OF MOTHER Hyman
 16) COLOR OR RACE Colord 17) AGE AT LAST BIRTHDAY 21
 (Years)
 18) BIRTHPLACE dont know
 19) OCCUPATION House work
 20) Number of children of the 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 at 11:00 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Maggie Rhoads

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Midwife Pamplico S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed May 22, 1927 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 is reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.