

Form No. 1

(1) PLACE OF BIRTH
County of Pickens
Township of Coastal
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
50228

Registration District No. 3.7.03 Registered No. 2
(For use of Local Registrar)
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 Marissia Dolia Rainey } If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 11, 1910
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John H. Rainey
(9) PRESENT POSTOFFICE OF FATHER Sunset, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Deerwood, S.C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Huldy Inez Bilal
(15) PRESENT POSTOFFICE OF MOTHER Sunset, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE Pickens Co. S.C.
(19) OCCUPATION House Keeping
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive, at Delach, a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Robert Kirksey
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Crow 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 mark)
(27) Filed Mar. 11, 1910 (28) A. D. Winchester
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.

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