

1) PLACE OF BIRTH

County of Montgomery

Township of .....

City of Pandora

Registration District No. 4007

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

File No.—For State Registrar Only

32232

Registered No. 76

(For use of Local Registrar)

St.; ..... Ward)

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

2) Full Name of Child Emilia P. Pains

3) SEX OF CHILD

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH June 17 1922  
(Name of Month) (Day) (Year)

FATHER.

1) FULL NAME

2) PRESENT RESIDENCE

3) COLOR OR RACE

4) BIRTHPLACE

5) OCCUPATION

6) Number of children born to mother including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

(17) AGE AT LAST BIRTHDAY 16 (Years)

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. P. Pains

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

26) Name added from a supplemental report

(26) Witness

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

(27) Filed Aug 30 1922

(28)

C. P. Mayberry Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return as often as the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.