

Form No. 1.

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
County of Anderson STATE OF SOUTH CAROLINA.
Township of Leiterville Bureau of Vital Statistics
or State Board of Health
or
Inc. Town of Registration District No. 303

File No.—For State Registrar Only
71252

Registered No. 39
(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 Jim Eldon Gains } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 27 1924
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Fred Gains
(9) PRESENT POSTOFFICE OF FATHER Anderson
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Anderson Co
(13) OCCUPATION Farm Labor
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Sala Allen
(15) PRESENT POSTOFFICE OF MOTHER Anderson #4
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Anderson Co
(19) OCCUPATION Housework
(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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) W. H. Reapers
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 Sept 6 1914 (28) W. W. Hale Local Registrar

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw of Columbia.

*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.