

(1) PLACE OF BIRTH

County of 2. Guilford
Township of 3
Inc. Town of
City of

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

File No. — For State Registrar Only
29444

Registration District No. 3405 Registered No. 23
(For use of Local Registrar)

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

3) BOY OR GIRL <u>boy</u>	4) Twin or Triplet To be answered only in case of Twin or Triplet	5) Number in order of birth	6) Are Parents Married	7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME	10) COLOR OR RACE		11) AGE AT LAST BIRTHDAY (Year)	14) NAME BEFORE MARRIAGE
9) PRESENT POSTOFFICE OF FATHER	12) BIRTHPLACE		13) OCCUPATION	15) PRESENT POSTOFFICE OF MOTHER
20) Number of children born to mother, including present birth	11) AGE AT LAST BIRTHDAY (Year)		12) BIRTHPLACE	16) COLOR OR RACE
	13) OCCUPATION		13) OCCUPATION	17) AGE AT LAST BIRTHDAY (Year)
	20) Number of children born to mother, including present birth		18) OCCUPATION	18) OCCUPATION
	21) Number of children of this mother now living, including present birth		21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) _____
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
19
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct. 9 1925 (28) L. B. Whitney 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.

STATE OF NEW YORK)
COUNTY OF NEW YORK):
CITY OF NEW YORK) S.S:

MAUDE RAINES, being duly sworn, deposes and says that she resides at 38 West 116th Street, in the Borough of Manhattan, City of New York.

That your deponent is the mother of ROBERT SOLOMON KERSHAW, born in Columbia, South Carolina, on the 4th day of September, 1923. That at the time of my sons's birth it was the intention of his father, HENRY KERSHAW, to name the child, HENRY KERSHAW, but through an error or over-sight, the child was named ROBERT SOLOMON KERSHAW.

That subsequently, though the child was recorded as ROBERT SOLOMON KERSHAW, he was known as and by the name of HENRY KERSHAW.

That your deponent for several years past has resided in the City, County and State of New York, and that the child in question has resided with your deponent.

That the child, however, has since gone to live with a family bearing the name of RAINES, and it is now the desire of the child to be known as HENRY RAINES.

That the child born to me and recorded as ROBERT SOLOMON KERSHAW, and known by the name of HENRY KERSHAW, is the same person.

That your deponent has read the foregoing and that the same is true to the best of her knowledge and belief.

Sworn to before me this
4th day of February, 1941.

Edith Kershaw
Notary Public
N.Y. Co. Clk. No. 362
Commission Expires 3/30/42

Mauda Raines