

(1) PLACE OF BIRTH

County of

Spartanburg
Chick Spring

Township of

or
Inc. Town of
or

Taylor Co.

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. 90064 For State Registrar Only

Registration District No. *2204*

Registered No. *132*

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth *5*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Dec 30 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm. Mantie Raines

(9) PRESENT POSTOFFICE OF FATHER

Taylor Co.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY *35*
(Years)

(12) BIRTHPLACE

Taylor Co.

(13) OCCUPATION

P.O. Mail Carrier

20) Number of children born to mother, including present birth

Five

MOTHER.

(14) NAME BEFORE MARRIAGE

Eliza Beth Raines

(15) PRESENT POSTOFFICE OF MOTHER

Taylor Co.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY *35*
(Years)

(18) BIRTHPLACE

Taylor Co.

(19) OCCUPATION

Domestic

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

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *11:30* on the date above stated. (Born *live* or stillborn) (Hour *A.M.* or P.M.)

(23) (Signature) *Wm. T. ...*
(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 *Jan 9 1917* (28) *F. G. ...* 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.

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FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
MoCarey of Columbia