

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of  
or

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. For State Registrar Only  
 90064

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? ☒ (5) Number in order of birth 5 (6) Are Parents Married? ☒ (7) DATE OF BIRTH Dec. 30, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. Maullie Raines

(9) PRESENT POSTOFFICE OF FATHER Taylor S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Taylor S.C.

(13) OCCUPATION P.D. 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 S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Taylor S.C.

(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 alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Wm. Maullie Raines  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 9, 1917 (28) F. G. Lunn 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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