

Form No. 1

(1) PLACE OF BIRTH

County of Ridge Land CoTownship of W. P. R.Inc. Town of ColumbiaCity of Ridge Wood

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

(2) Full Name of Child Robt. R. Rains

File No. — For State Registrar Only

30011

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38.049Registered No. 57

(For use of Local Registrar)

(3) BOY OR GIRL girl(4) Twin or Triplet? one(5) Number in order of birth 6(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 20 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. R. Rains(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE color(11) AGE AT LAST BIRTHDAY 29(12) BIRTHPLACE Fairfield Co(13) OCCUPATION labor(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Cate Clark(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE color(17) AGE AT LAST BIRTHDAY 25(18) BIRTHPLACE Fairfield Co(19) OCCUPATION house keeping(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was girl at 6:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Blissie M. Rains(24) State whether Physician or Midwife (25) Address of Physician or Midwife Ridge Wood R. L. Rains

(Given name added from a supplemental report)

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

(27) Filed 23 (28) L. M. Rains 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.