

FORM NO. 1.

15 045125

(1) PLACE OF BIRTH

County of Anderson
Township of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only

Inc. Town of Registration District No. 3A Registered No. 30
(For use of Local Registrar)
City of Anderson (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 Jamie Baine If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 21 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Baine
(9) PRESENT POSTOFFICE OF FATHER Anderson
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Anderson, Ga
(13) OCCUPATION laborer
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Thomas
(15) PRESENT POSTOFFICE OF MOTHER Anderson
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Abbeville, S.C.
(19) OCCUPATION housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edmund Thomas M.D.
(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 1/9-1916 (28) W. H. Rayner 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.