

(1) PLACE OF BIRTH

County of Dillon
Township of Rich
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42117

Registration District No. 1606 Registered No. 93
(For use of Local Registrar)

(2) Full Name of Child Joseph Cain

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Wade Cain

(9) PRESENT POSTOFFICE OF FATHER Falla St. #2

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Dillon Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Bessie May Wade

(15) PRESENT POSTOFFICE OF MOTHER Falla St. #2

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE Dillon Co

(18) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 7:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. J. Rogers
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Falla St.

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 19 23 (28) H. J. Rogers 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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