

(1) PLACE OF BIRTH

County of DillonTownship of Richesor
Inc. Town of

City of

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

(2) Full Name of Child Joseph Cain

(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 221922

(Name of Month) (Day) (Year)

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

FATHER

(8) FULL NAME

Wade Cain

(9) PRESENT POSTOFFICE OF FATHER

Latta St. #2

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

Dillon Co

(13) OCCUPATION

Farmer

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

4

MOTHER

(14) NAME BEFORE MARRIAGE

Dessie May Wade

(15) PRESENT POSTOFFICE OF MOTHER

Latta St. #2

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

Dillon Co

(19) 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 at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. A. Rogers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Latta St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/91923

(28)

H. A. 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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