

Form No. 1

(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

20518

Registration District No. 4403 Registered No. 28
(For use of Local Registrar)(2) Full Name of Child Mary Lyrlene Cain
(If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? Girl	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? yes	7) DATE OF BIRTH May 8 1922 (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Ralph Henry Cain

9) PRESENT POSTOFFICE OF FATHER Sharn SC

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(Years)

12) BIRTHPLACE York Co SC

13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Lillian Good

15) PRESENT POSTOFFICE OF MOTHER Sharn SC

16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years)

18) BIRTHPLACE York Co SC

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:45 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. D. Hope

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness R. H. Cain

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

(27) Filed June 13 1922

(28) W. A. Smithell
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.

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.