

Form No. 1

(1) PLACE OF BIRTH

County of York
Township of Bulluck Creek
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
20518

Registration District No. 4403 Registered No. 28
(For use of Local Registrar)

(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 Mary Lyrlene Cain (If child is not yet named, make supplemental report as directed)

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

FATHER.

8) FULL NAME Ralph Henry Cain
9) PRESENT POSTOFFICE OF FATHER Sharon 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 Sharon 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.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) W. D. Hope (24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife York Co SC

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.
MCCAY OF COLUMBIA, COLUMBIA, D. C.