

(1) PLACE OF BIRTH

County of Florence
 Township of Bain

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18568

Inc. Town of Registration District No. 2001 Registered No. 47
 (For use of Local Registrar)
 (City of (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 R. B. Bain If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH May 25 1912
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME George Bain(14) NAME BEFORE MARRIAGE Lizette Hyman(9) PRESENT POSTOFFICE OF FATHER Ocean, S.C.(15) PRESENT POSTOFFICE OF MOTHER Ocean, S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 38 (Years)(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Ocean, S.C.(18) BIRTHPLACE Ocean, S.C.(13) OCCUPATION Farmer(19) OCCUPATION Housework(20) Number of children born to mother, including present birth 10(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julian Hyman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness L. C. Hyman, Sr.
 (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed May 31, 1912 (28) N. T. Patton 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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