

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH

County of Pickens
 Township of Dariusville
 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

16357

Registration District No. 3701

 Registered No. 22
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Marydiana Rainer

(3) ~~First~~ GIRL? ☐ (4) Twin or Triplet? ☐ (5) Number in order of birth (6) Yes Married? ☐ (7) DATE OF BIRTH May 16, 1922
 (Name of Month) (Day) (Year)

(8) FULL NAME Clyde Rainer
 (9) PRESENT POSTOFFICE OF FATHER Marietta
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
 (Years)
 (12) BIRTHPLACE Greenville Co.
 (13) OCCUPATION Forining
 (20) Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE Marydiana Henry
 (15) PRESENT POSTOFFICE OF MOTHER Marietta
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
 (Years)
 (18) BIRTHPLACE Greenville Co.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. M. Conder

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement report

(26) Witness

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

(27) Filed June 6, 1922

(28)

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.