

(1) PLACE OF BIRTH

County of CherokeeTownship of Doughton

Ene. Town of

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

Registration District No. 1001

No. 13287

Registered No. 27
(For use of Local Registrar)(2) Full Name of Child Patsy Raine

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

(3) SEX OR GUILD <u>girl</u>	(4) Twin or Triplet <u>1</u> To be given only in case of Twin or Triplet	(5) Number in order of birth <u>7</u>	(6) Age at birth <u>7</u> years	(7) DATE OF BIRTH <u>Feb 16</u> 19 <u>23</u> (Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Henry Raine</u>			(14) NAME BEFORE MARRIAGE <u>Virginia Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wayne St. Road</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wayne St</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Cherokee County St.</u>			(18) BIRTHPLACE <u>Cherokee County St.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at Wayne St. on the date above stated. (Hour P. M. or P. M.)(23) (Signature) M. B. Harris(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wayne St.

Given name added from a supplemental report

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

(27) Filed June 7 1923 (28) M. B. Harris 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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