Form No 1.

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
59642

(1) PLACE OF BIRTH
County of Darlington
Township of Philadelphia
or
Inc. Town of ..... Registration District No. 1509 Registered No. 29
(For use of Local Registrar)
or
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. Rainson Hines ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? (To be answered only in event of Twin or Triplet) | (5) Number in order of birth 6 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH April 25 (Name of Month) (Day), 1926

| FATHER. | MOTHER. |
|---|---|
| (8) FULL NAME Nannie Hines | (24) NAME BEFORE MARRIAGE Mary Zimmerman |
| (9) PRESENT POSTOFFICE OF FATHER Timmonsville S.C. | (25) PRESENT POSTOFFICE OF MOTHER Timmonsville S.C. |
| (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years) | (26) COLOR OR RACE Negro (27) AGE AT LAST BIRTHDAY 26 (Years) |
| (12) BIRTHPLACE Darlington Co S.C. | (28) BIRTHPLACE Williamsburg Co S.C. |
| (13) OCCUPATION Farm Laborer | (29) OCCUPATION House wife |
| (30) Number of children born to mother, including present birth { Six | (31) Number of children of this mother now living, including present birth { Six |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Isabelle Fields

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Timmonsville S.C.

Given name added from a supplemental report ..... 19..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed April 29 1926 (28) T. E. Wilkes 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.

MACHINE REPORTING, WITH LINE-FOR-LINE, TYPE-FACE IN A SIGNATURE BLANK for each child, and mark the PERSONAL BORN N. No. 2. THE OFFICIAL No. 2, etc., in question 8.
Number PLACE, WITH ONE OF THE PLACES use a SEPARATE BLANK for each child.
In case of TWINS OR TRIPLETS use a SIGNATURE BLANK.
State of South Carolina