

Form No 1.

(1) PLACE OF BIRTH

County of Florence
Township of Cainsor
Inc. Town of
or
City ofCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

49035

Registration District No. 2001Registered No. 14
(For use of Local Registrar)(No. SL; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Ervin Cain { 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) DATE OF BIRTH Feb 4 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Vander Cain(9) PRESENT POSTOFFICE OF FATHER Pamplico S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Hyman S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Stelia Hines(15) PRESENT POSTOFFICE OF MOTHER Pamplico S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Hyman S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5-30 am on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie Rhodes(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midway Pamplico S.C.

Given name added from a supplemental report

, 191...

Registrar

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

(27) Filed Feb 8 1916 (28) E. L. Montgomery 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.

McCauley, of Columbia.

REMARKS: THIS CERTIFICATE IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, AT THE OFFICE OF THE STATE REGISTRAR, COLUMBIA, SOUTH CAROLINA. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. IN CASE OF STILLBIRTHS, NO REPORT IS DESIRED BEFORE THE FIFTH MONTH OF PREGNANCY.