# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4787

(1) PLACE OF BIRTH

County of Laurens
Township of Hunter
or
Inc. Town of Near Goldville, S. Registration District No. 27902 Registered No. 19
(For use of Local Registrar)
or
City of Moorhead place. (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 Baby Pains. (If child is not yet named, make supplemental report as directed)

| (3) BOY OR GIRL? | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH (Name of Month) (Day) (Year) |
|---|---|---|---|---|
| Boy | | | Yes | Jan. 28th, 1922 |

## FATHER.

(8) FULL NAME: Amos Pains
(9) PRESENT POSTOFFICE OF FATHER: Goldville, S.C.
(10) COLOR OR RACE: Black
(11) AGE AT LAST BIRTHDAY: 27 (Years)
(12) BIRTHPLACE: Newberry County
(13) OCCUPATION: Farming
(20) Number of children born to mother, including present birth: Three

## MOTHER.

(14) NAME BEFORE MARRIAGE: Carry Davis
(15) PRESENT POSTOFFICE OF MOTHER: Goldville, S.C.
(16) COLOR OR RACE: Black
(17) AGE AT LAST BIRTHDAY: 25 (Years)
(18) BIRTHPLACE: Laurens County.
(19) OCCUPATION: Farming
(21) Number of children of this mother now living, including present birth: None

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

See death report.

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

Emma X Ray
(23) (Signature)
(24) State whether Physician or Midwife: Midwife.
(25) Address of Physician or Midwife: Goldville S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness: J. R. Gault.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 1st 1922 (28) J. W. Bailey
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.

Made by Columbia, Columbia, S. C.

N. B.—In case of TWINS or TRIPLETS use a separate blank for each child. Fill in all items, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.