

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

No. 1a.—For State Registrar
29315

NAME OF MOTHER
Marion
of *Wahler*
City of *Marion*
County of *Marion*
State of *South Carolina*

Registration District No. *3207* Registered No. *27*
(For use of Local Registrar)

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

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

BY OR FOR *Boy* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Sex *Male* (7) Date of Birth *July 21, 1923*
To be served only in case of Twin or Triplet

FATHER.
(1) Full Name *Ben Rainey*
(2) Present Residence of Father *Marion S.C.*
(3) Color of Skin *Col* (11) Age at Last Birthday *26*
(4) Birthplace *Georgetown S.C.*
(5) Occupation *Farmer*

MOTHER.
(1) Name before Marriage *Rebecca Rainey*
(2) Present Residence of Mother *Marion S.C.*
(3) Color of Skin *Col* (11) Age at Last Birthday *24*
(4) Birthplace *Georgetown S.C.*
(5) Occupation *Domestic*

(6) Number of children born to mother, including present birth *3* (7) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *10:30* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) *Martha Curtis* (23) Address of Physician or Midwife *Marion S.C.*
(24) State whether Physician or Midwife *midwife*

Give name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Sept 15, 1923* (28) *J. L. Dill*
Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.