

(1) PLACE OF BIRTH

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

11956

County of

Township of

Inc. Town of

City of Spartanburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 40-a Registered No. 145
(For use of Local Registrar)

(2) Full Name of Child

 Edna Leah Rainolds

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

(3) SEX OR
CHILD Girl (4) Type
or Type

To be completed in case of Twin or Triple

(5) Number in
order of birth(6) Age
at birth 1 yr (7) DATE OF
BIRTH March 9, 1923
(Month) (Day) (Year)

FATHER

(8) FULL
NAME Homer Ben Rainolds (9) PRESENT
RESIDENCE
OF FATHER Spartanburg S.C. (10) COLOR
OR
RACE W. (11) AGE AT LAST
BIRTHDAY 41
(Years)

(12) BIRTHPLACE

 Mass.

(13) OCCUPATION

 Salesman (Green) (14) Number of children born to
mother, including present birth 2

MOTHER

(14) NAME BEFORE
MARRIAGE Abbie Rebecca Thomas (15) PRESENT
RESIDENCE
OF MOTHER Spartanburg (16) COLOR
OR
RACE W. (17) AGE AT LAST
BIRTHDAY 26
(Years)

(18) BIRTHPLACE

 S. C.

(19) OCCUPATION

 Housewife (20) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was...

 born alive at 3:05 P.M.
(Born alive or stillborn) (Hour, A. M. or P. M.)

on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

 Benie R. R. R.
 106 S. Main St. Given name added from a supplement-
tal report

(25) Witness

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

Filed

19

(26)

Local Registrar

When there was no stillbirth
If a child breathesthen the father, householder, etc., should make this return.
reported as stillborn. No report is desired of stillbirths
with month of pregnancy.If a child breathes with month of pregnancy. No report is desired of stillbirths
before the fifth month of pregnancy.