

(1) PLACE OF BIRTH

County of *Edgfield*Township of *Colliers*

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

48894

Registration District No. *1803* Registered No. *1*

(For use of Local Registrar)

(2) Full Name of Child *Mary M. Cain* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Jan. 7, 1915</i>
<small>To be answered only in event of Twins or Triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME *Willie M. Cain*(9) PRESENT POSTOFFICE OF FATHER *Colliers*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *40* (Years)(12) BIRTHPLACE *S. C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *Four*

MOTHER.

(14) NAME BEFORE MARRIAGE *Morgan*(15) PRESENT POSTOFFICE OF MOTHER *Colliers*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *35* (Years)(18) BIRTHPLACE *S. C.*(19) OCCUPATION *Homemaker*(21) Number of children of this mother now living, including present birth *Four*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3*..... *A. M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *George Ann. Sampson*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Midwife Colliers*

Given name added from a supplemental report

191...

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Jan 10 1915* (28) *F. E. Miller* 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.

FILLED FORWARD, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia