

Form No. 1

## (1) PLACE OF BIRTH

County of CalhounTownship of Spartanburg

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

48262

Registration District No. 802 Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child David Cain

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 4 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME David Cain(14) NAME BEFORE MARRIAGE Rosa Mack(9) PRESENT POSTOFFICE OF FATHER Cameron, SC(15) PRESENT POSTOFFICE OF MOTHER Cameron, SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Orlando Co(18) BIRTHPLACE Calhoun Co(13) OCCUPATION Farm Hand(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) X Rosa Gilliland

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Cameron, SC

Given name added from a supplemental report

(26) Witness Mrs. Keller (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 4 1916 (28) W. F. Keller 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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND NUMBER THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 2. McCaw, of Columbia.