

Form No. 1

## (1) PLACE OF BIRTH

County of LibertyTownship of St Charles

Inc. Town of.....

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

39222

Registration District No. 207Registered No. 49  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 14 22</u> (Name of Month) (Day) (Year)
----------------------------	---	---------------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME Span Cain

(9) PRESENT POSTOFFICE OF FATHER St Charles

(10) COLOR OR RACE C

(11) AGE AT LAST BIRTHDAY 52  
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Ruby Cain

(15) PRESENT POSTOFFICE OF MOTHER St Charles

(16) COLOR OR RACE C

(17) AGE AT LAST BIRTHDAY 37  
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Laborer

(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at St Charles M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife St Charles

Given name added from a supplemental report

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

(27) Filed Nov 16 22 (28) 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.

MARCH 1907 REVISED FOR REVISION.

WHEN PLACED, WITH UNPAID FEE—THIS IS A PERMANENT RECORD. No. 1. This form, No. 1, is used for the purpose of recording the birth of a child, and is to be filed in the office of the Registrar.