

## (1) PLACE OF BIRTH

County of ClarendonTownship of St. Jamesor  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Broder Cain

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

(3) BOY OR GIRL  
Boy

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twin or Triplet(6) Age  
1 yr(7) DATE OF BIRTH Jan 31 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Love Cain

(9) PRESENT POSTOFFICE OF FATHER

Davis House

(10) COLOR OR RACE

Col(11) AGE AT LAST BIRTHDAY 40  
(Year)

(12) BIRTHPLACE

Clarendon

(13) OCCUPATION

Farming

## MOTHER

(14) NAME BEFORE MARRIAGE

Lella Cain

(15) PRESENT POSTOFFICE OF MOTHER

Davis House

(16) COLOR OR RACE

Col(17) AGE AT LAST BIRTHDAY 35  
(Year)

(18) BIRTHPLACE

Clarendon

(19) OCCUPATION

Home & Field

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

4

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Carolina Cain

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) File

Jan 31 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.

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

File No. - For State Registrar Only

864

Registration District No. 1309 Registered No. 410  
(For use of Local Registrar)

(No. St. Ward)