

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, 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.

Form No. 1

(1) PLACE OF BIRTH

County of Aiken  
Township of Rocky Mt.  
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  
**40614**

Registration District No. 209 Registered No. 65  
(For use of Local Registrar)

(2) Full Name of Child Clayline Gainer If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ✓ (5) Number in order of birth 2 (6) Are Parents Married? no (7) DATE OF BIRTH Dec. 31, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Abraham Gainer  
(9) PRESENT POSTOFFICE OF FATHER ✓  
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY ✓  
(Years)  
(12) BIRTHPLACE ✓  
(13) OCCUPATION ✓  
(14) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Rosa Gainer  
(15) PRESENT POSTOFFICE OF MOTHER Sally, S.C.  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 20  
(Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Laborer  
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Perry  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sally, S.C.

Given name added from a supplemental report  
.....  
.....  
..... 19 .....

(26) Witness Chas. H. Sallee  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan. 6, 1923 (28) Chas. H. Sallee  
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.