

(1) PLACE OF BIRTH

County of Gloucester
 Township of Cains
 Inc. Town of Tamplices
 City of SC

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

20928

Registration District No. 7001

Registered No. 50
 (For use of Local Registrar)

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

(2) Full Name of Child

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

(3) SEX OR CHILD <u>Boy</u>	(4) Type or <u>Female</u> To be given only in case of Twin or Triple	(5) Number in order of birth	(6) Age at birth <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 28 23</u> (Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>James Flynn Cains</u>		(9) NAME OF MOTHER <u>Mary Laura Poston</u>		
(10) PRESENT RESIDENCE OF FATHER <u>Tamplices S.C.</u>		(11) PRESENT RESIDENCE OF MOTHER <u>Tamplices SC</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>43</u> Years	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>37</u> Years	(16) BIRTHPLACE <u>SC</u>
(17) BIRTHPLACE <u>SC</u>	(18) OCCUPATION <u>Farming</u>	(19) BIRTHPLACE <u>SC</u>	(20) OCCUPATION <u>Housewife</u>	(21) Number of children of this mother now living, including present birth <u>Six</u>
(22) Number of children born to mother, including present birth <u>Five</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 12 M.
 on the date above stated. (Very alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) M. Poston

(25) State whether Physician or Midwife Physician

(26) Address of Physician or Midwife Tamplices, SC

Given names added from a supplement-
 al report

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

(28) Filed June 1 1923 (29) M. Poston
 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.

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