

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.

Replaces Columns, Columns, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA		2654	
Township of <u>Madisonville</u>		Bureau of Vital Statistics			
Ine. Town of <u>Buffalo</u>		State Board of Health			
City of		Registration District No. <u>42 B</u>		Registered No. <u>1</u>	
(If birth occurs in a hospital or other institution, give name of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Roxie Rains</u>		If child is not yet named, make supplemental report as directed.			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>To be answered only in event of Twins or Triplets</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 1, 1922</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Wm. Rains</u>			(10) NAME BEFORE MARRIAGE <u>Allie Green</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Buffalo SC</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Buffalo SC</u>		
(12) COLOR OR RACE <u>white</u>			(13) AGE AT LAST BIRTHDAY <u>29</u>		
(14) BIRTHPLACE <u>Tenn.</u>			(15) COLOR OR RACE <u>white</u>		
(16) OCCUPATION <u>mill work</u>			(17) AGE AT LAST BIRTHDAY <u>22</u>		
(18) BIRTHPLACE <u>Tenn.</u>			(19) OCCUPATION <u>House-work</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4 a. m.</u> on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>D. P. Rains</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Buffalo SC</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)		
.....			(27) Filed <u>Jan. 9, 1922</u> (28) <u>Joe H. Woodard</u> Local Registrar		
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*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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