

(1) PLACE OF BIRTH

County of AllendaleTownship of Sycamoreor
Inc. Town ofor
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

6348

Registration District No. 1608 Registered No. 19

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child Estell Haynes } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Mar, 28, 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Haynes(9) PRESENT POSTOFFICE OF FATHER Union SC R72(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Calleton Co.(13) OCCUPATION Farmer Laborer(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Haynes(15) PRESENT POSTOFFICE OF MOTHER Tanport 82(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Hampton Co(19) OCCUPATION Farmer Laborer(21) Number of children of this mother now living, including present birth Two

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) Collins Walker(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Tanport SC R72

Given name added from a supplemental report

(26) Witness

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

(27) Filed Apr. 1, 1912 (28) J. C. Maynor 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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