

Form No. 3.

(1) PLACE OF BIRTH  
 County of Calhoun  
 Township of Pine Grove  
 or  
 Inc. Town of Lone Star  
 or  
 City of Lone Star  
 (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. 80470 For State Registrar Only

Registration District No. 803 Registered No. 94  
 (For use of Local Registrar)

(2) Full Name of Child Marnie Hayns { 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 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 6, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Hayns Jr  
 (9) PRESENT POSTOFFICE OF FATHER Lone Star  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Lone Star  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Spagner  
 (15) PRESENT POSTOFFICE OF MOTHER Lone Star  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Lone Star  
 (19) OCCUPATION Wife  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Phileas X. Cobb

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed Oct 13, 1916

(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.

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.

McCaw, of Columbia.