

(1) PLACE OF BIRTH

County of Charleston  
 Township of Edisto Island  
 or  
 Inc. Town of  
 or  
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10339

Registration District No. 212 Registered No. 417  
 (For use of Local Registrar)

(No. 84; Ward 84)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Annie 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? Yes 7) DATE OF BIRTH Feb 15 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Richard Haynes  
 9) PRESENT POSTOFFICE OF FATHER Edisto Island  
 10) COLOR OR RACE Col. 11) AGE AT LAST BIRTHDAY 37 (Year)  
 12) BIRTHPLACE Edisto Island  
 13) OCCUPATION Labner  
 14) Number of children born to mother, including present birth 7

MOTHER.

14) NAME BEFORE MARRIAGE Annie Murray  
 15) PRESENT POSTOFFICE OF MOTHER Same  
 16) COLOR OR RACE Same 17) AGE AT LAST BIRTHDAY 20 (Year)  
 18) BIRTHPLACE Same  
 19) OCCUPATION Same  
 20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Charles M. Maffin  
 (24) State whether Physician or Midwife Physician (By Address of Physician or Midwife)  
Edisto Island

Given name added from a supplemental report

(25) Witness S. G. Whaley (Signature of Witness necessary only when question 23 is signed by mark)  
 (26) Local Registrar ant

\*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 sixth month of pregnancy.