

FORM NO. 8

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.

(1) PLACE OF BIRTH

County of Greenville  
Township of Glassey Mountain

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**72980**

Inc. Town of ..... or ..... Registration District No. 2208 Registered No. 64  
(For use of Local Registrar)  
City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hattie Belle Hynes ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 19, 1916  
To be answered only in event of Twins or Triplets (Name or Month) (Day) (Year)

FATHER.  
(8) FULL NAME Hynes  
(9) PRESENT POSTOFFICE OF FATHER Landrum # 2  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE N. C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Pearle McCraw  
(15) PRESENT POSTOFFICE OF MOTHER Landrum # 2  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 17 (Years)  
(18) BIRTHPLACE N. C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive 6:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. Stevens  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Campbells, S.C.

Given name added from a supplemental report  
....., 191....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug. 30, 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.