

Form No. 1

## (1) PLACE OF BIRTH

County of BerkeleyTownship of 1st Johnsor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

340

Registration District No. 142 Registered No. 42  
(For use of Local Registrar)(No. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same, street and number.)(2) Full Name of Child Pilla Haynes (If child is not yet named, make supplemental report as directed)

(3) SEX— M/F	(4) Type or Tissue	(5) Number in order of birth	(6) In 700 series	(7) DATE OF BIRTH
	To be reported only in event of Twin or Triplets	<u>102</u>	<u>700</u>	<u>Jan 13 1923</u> (Month of Birth) (Day) (Year)

## FATHER.

(8) FULL NAME Ganton Haynes(9) PRESENT RESIDENCE OF FATHER Condeville, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE Condeville, S.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Espérance Grant(15) PRESENT RESIDENCE OF MOTHER Condeville, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE Condeville, S.C.(19) OCCUPATION Laborer(20) 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 13 at 7 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. D. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Condeville

Given name added from a supplemental report

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

(27) Signed 1/16 1923 (28) J. H. Brown

When there was no attending physician or midwife, then the father, household, etc., should sign this report. If a child breathes even once, it must not be reported as stillborn. No report is due until the 5th month of pregnancy.