

1. PLACE OF BIRTH

County of Sumter
 Township of Providence
 or
 Town of

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

File No. — For State Registrar Only
79464

Registration District No. 4105 Registered No. 119
 (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 Arthur Haynesworth (If child is not yet named, make supplemental report as directed)

BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 23, 1916
 (Name of Month) (Day) (Year)

FATHER.
 FULL NAME Leard Haynesworth
 PRESENT POSTOFFICE OF FATHER Dalzell S.C.
 COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)
 BIRTHPLACE S.C.
 OCCUPATION Farm Hand
 Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Green
 (15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was alive at 12 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Ann Wade Mitchell
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report
 (26) Witness Mrs. Eva Bullock (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8-26-1916 (28) B. M. P. Laughlin 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.