

Form No. 10.
 THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MUST BE
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 5.
 McCaw, of Columbia.
 In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MAKE THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5.
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Hyattsville
Township of Providence
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
44797

Registration District No. 4105 Registered No. 143
(For use of Local Registrar)
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 Bessina Haynesworth 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 Dec. 21 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bosay Haynesworth
(9) PRESENT POSTOFFICE OF FATHER Dalzell, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farm Hand
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Capers
(15) PRESENT POSTOFFICE OF MOTHER Dalzell, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

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

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

(26) Witness Mrs. Eva Burkette
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 30 1915 (28) J. M. Luyk 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.

*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.