

Form No. 10. ALABAMA REGISTERED FOR FILING  
 WITH PLAINLY, WITH READING RE-FILE IN A SEPARATE REPORT  
 N. H. - 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 Hyattsville  
 Township of Providence  
 or  
 Inc. Town 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)  
 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. Be Lina 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  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Bosay Haynesworth  
 (9) PRESENT POSTOFFICE OF FATHER Darzell, 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 Darzell, 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. 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 Darzell, 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 marky)  
 (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.

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