

(1) PLACE OF BIRTH

County of Chester

Township of

of
Inc. Town of

or
City of Chester (No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27651

Registration District No. 11A Registered No. 85

(For use of Local Registrar)

(2) Full Name of Child Thomas Cornell Haynes Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Yes

(4) Twin or Triplet? No

(5) Number in order of birth

(6) Are Parents Married? Yes

DATE OF BIRTH Sept. 16 23

(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Thos. C. Haynes

(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Chester, S.C.

(13) OCCUPATION R.R. Work.

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte McElwain

(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 47 (Years)

(18) BIRTHPLACE Lancaster Co.

(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 Alive at 3 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. [unclear]

(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Chester, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 1923 (28) [Signature] 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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