

Form No. 3

(1) PLACE OF BIRTH

County of Florence
 Township of Florence
 or
 Inc. Town of Florence
 or
 City of Florence

(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

42316

Registration District No. 20-A Registered No. 390
 (For use of Local Registrar)

(2) Full Name of Child Margaret Eula Haynie (No. 18 E Cedar St.; 2 Ward)
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 19, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Augustus Back Haynie(9) PRESENT POSTOFFICE OF FATHER Florence S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Cartersville, S.C.(13) OCCUPATION Check Clerk(20) Number of children born to mother, including present birth 1 Two

MOTHER.

(14) NAME BEFORE MARRIAGE Evelyn Eula Mobley(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Lancaster, S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1 One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:20 (M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. Miller, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12-20-1922 (28) P. H. Brigham 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 REG. OF COLUMBIA, COLUMBIA, S. C.