

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
No. 1.—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.

(1) PLACE OF BIRTH

County of Greenville

Township of Fork Plain

or Inc. Town of Fork Plain

City of Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

34702

Registered No. 347
(For use of Local Registrar)

(2) Full Name of Child. Ruth Helen Haynes

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
To be answered only in case of twins or triplets.

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 17 1903
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jerrie Haynes

(9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 17 (Years)

(12) BIRTHPLACE Pelzer

(13) OCCUPATION Mill work.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Morton

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 15 (Years)

(18) BIRTHPLACE Ga.

(19) OCCUPATION Housework

(20) 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 born at Greenville (Hour A. M. or P. M.) 8:20 A.M.
on the date above stated.

(23) (Signature) A. Eugene Brown
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Sept 17 1903 (28) Wm. M. M. 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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