

(1) PLACE OF BIRTH

County of Bourneville
 Township of Rosemary
 or
 Inc. Town of
 or
 City of
 (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

316

Registration District No. 511 Registered No. 1
 (For use of Local Registrar)

(No. St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 26 1922</u> (Name of Month) (Day) (Year)
(8) FATHER'S FULL NAME <u>Ernest Haine</u>		(9) MOTHER'S NAME BEFORE MARRIAGE <u>Little Haine</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Williston S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Williston S.C.</u>		
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(16) BIRTHPLACE <u>Bourneville Co</u>		(17) BIRTHPLACE <u>Bourneville Co</u>		
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Ymk</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. R. Smith
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Constitution S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 10 1922 (28) J. J. Jones 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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