CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16262

(1) PLACE OF BIRTH

County of Orangeburg
Township of Orange
or
Inc. Town of .....
or
City of .....

Registration District No. 3613. Registered No. 61
(For use of Local Registrar)

(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 Calvin Haynes [If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH May 6 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Haynes
(9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.
(10) COLOR OR RACE Colored
(11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Orbg. Co. S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Jena Glover
(15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.
(16) COLOR OR RACE Colored
(17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE Orbg. Co. S.C.
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10-P M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Aikens
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Orbg. S.C.

Given name added from a supplemental report
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..... 19 ....
Registrar

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

(27) Filed June 10 1922 (28) A. L. Farrey
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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, COLUMBIA, S. C.