

Form No. 1.

(1) PLACE OF BIRTH

County of Hampton
Township of Paul
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only

48224

Registration District No. 7407 Registered No. 716
(For use of Local Registrar)

City of (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 Mary Haynes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH 12-12-28
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Frank Haynes
(9) PRESENT POSTOFFICE OF FATHER Brunson
(10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE S.B. Kibb's Place
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth

MOTHER.
(14) NAME BEFORE MARRIAGE E. Liza William
(15) PRESENT POSTOFFICE OF MOTHER Brunson
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE S.B. Kibb's Place
(19) OCCUPATION Farming
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Salie Miley
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
D 191...
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 12/31 191... (28) G. W. T. R. 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.

MARGIN RESERVED FOR BINDING.
WHITE 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.