

(1) PLACE OF BIRTH

County of Anderson
Township of Brookline
or
Inc. Town of
or
City of

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

Registration District No. 301

No. 38400 - For State Registrar

Registered No. 473
(For use of Local Registrar)

St. Ward)
(No.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, make supplemental report as directed

(2) Full Name of Child

(3) SEX OF CHILD Girl
(4) Twin or Triplet
(5) Number in order of birth
To be answered only in event of Twin or Triplet

(6) Are Parents Married? Yes
(7) DATE OF BIRTH 1924 10 23
(Name of Month) (Day) (Year)

MOTHER.

FATHER.
(8) FULL NAME Rev. P. Haynie
(9) PRESENT POSTOFFICE OF FATHER Belton S.C.
(10) COLOR OR RACE white
(11) AGE AT LAST BIRTHDAY 44
(12) BIRTHPLACE Belton S.C.
(13) OCCUPATION Caretaker & School Teacher

(14) NAME BEFORE MARRIAGE Mary Annie Allen
(15) PRESENT POSTOFFICE OF MOTHER Belton S.C.
(16) COLOR OR RACE white
(17) AGE AT LAST BIRTHDAY 18
(18) BIRTHPLACE Anderson S.C.
(19) OCCUPATION house wife
(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 9 P. M.
(Born alive or stillborn) (Hour or P. M.)
on the date above stated.

(22) (Signature) W. B. Haynie M.D.
(23) State whether Physician or Midwife
(24) Address of Physician or Midwife Belton S.C.

Given name added from a supplemental report

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

(26) Filed Jan 10, 1924 (27) 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 stillbirth before the fifth month of pregnancy.