

Form No. 10.

MARGIN RESERVED FOR BINDING.

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.

Seal of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH	
County of <u>Marion</u>		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health	
Township of		Registration District No. <u>32 B</u> Registered No. <u>70</u>	
Inc. Town of <u>Mullin</u>		(For use of Local Registrar)	
City of		City of <u>Huger</u> 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 <u>Robert Wesley Hayes</u> { If child is not yet named, make supplemental report as directed			
(3) SEX OR GENDER <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>
To be answered only in event of Twins or Triplets		(7) DATE OF BIRTH <u>Jan. 20, 1916</u>	
		(Name of Month) (Day) (Year)	
FATHER.		MOTHER.	
(8) FULL NAME <u>John W. Hayes</u>	(14) NAME BEFORE MARRIAGE <u>Mary Love</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Mullin, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mullin, S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>44</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>
(Years)		(Years)	
(12) BIRTHPLACE <u>Marlboro Co. S.C.</u>	(18) BIRTHPLACE <u>Marion Co. S.C.</u>		
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>12</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> <u>4</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)			
(23) (Signature) <u>J. H. Smith</u>		(25) Address of Physician or Midwife <u>Physician Mullin, S.C.</u>	
(24) State whether Physician or Midwife		(25) Address of Physician or Midwife	
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)	
<u>Wm. Miller</u> Registrar		<u>W. H. Rogers</u> Local Registrar	
(27) Filed <u>1/25/16</u>		(28) <u>W. H. Rogers</u> 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.			

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.