

## (1) PLACE OF BIRTH

County of

York

Township of

or Town of

or City of

Rock Hill

(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

38024

Registration District No. 44 Registered No. 253

(For use of Local Registrar)

2) Full Name of Child Aron Buford 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 10

(6) Are Parents Married?

(7) DATE OF BIRTH 11/20/23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

W.B. Haynes

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY 47

(Years)

(12) BIRTHPLACE

Lincolnton N.C.

(13) OCCUPATION

mill operator

(14) Number of children born to mother, including present birth

110

## MOTHER.

(14) NAME BEFORE MARRIAGE

Cora Perry

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY 41

(Years)

(18) BIRTHPLACE

Union Co. N.C.

(19) OCCUPATION

housewife

(20) Number of children of this mother now living, including present birth

110

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W.B. Simpson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed 12/19/23

(28)

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.

Before the fifth month of pregnancy.