

(1) PLACE OF BIRTH

County of Bartholomew
Township of Fish Pond

City of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6522

Registration District No. 401 Registered No. 14
(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 Clarence Hynes If child is not yet named, make supplemental report as directed(3) Sex Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 1 22
(Name of Month) (Day) (Year)PATHER.
(8) FULL NAME Richard Hynes(9) PRESENT POSTOFFICE OF FATHER Branchville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37
(Year)(12) BIRTHPLACE Barrenville Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1MOTHER.
(14) NAME BEFORE MARRIAGE Lizzie Hynes(15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
(Year)(18) BIRTHPLACE Unkison(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Corcus White Mutual(24) State whether Physician or Midwife Branchville

Given name added from a supplemental report:

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

(27) Filed 3/16 1922 (28) John Smith 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.