

(1) PLACE OF BIRTH

County of Yazoo  
 Township of East  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

No. for State Registrar  
**26693**

Registration District No. 4404 Registered No. 69  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child McNest

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

(3) SEX OR B (4) Type X (5) Number in X (6) Age 3 (7) DATE OF 4-18-23  
To be answered only in event of Twins or Triplets Birth (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Calhoun Haynes

(9) PRESENT POSTOFFICE OF FATHER Prichard

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 44  
 (Years)

(12) BIRTHPLACE Muskegeth, La.

(13) OCCUPATION Farm

(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Dux Duxton

(15) PRESENT POSTOFFICE OF MOTHER Prichard

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 33  
 (Years)

(18) BIRTHPLACE Chester Co. S.C.

(19) OCCUPATION Farm

(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was 10 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Donald R. Rife  
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 9/13/23 (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 stillbirths before the fifth month of pregnancy.