

Form No. 1

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

 File No.—For State Registrar Only
22050
(1) PLACE OF BIRTH
 County of Orangeburg
 Township of City
 of
 Inc. Town of
 of
 City of

 Registration District No. 26-a Registered No. 124
 (For use of Local Registrar)

 (2) Full Name of Child Rasa Hynes (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)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 23 1925</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Hynes</u>	(10) NAME BEFORE MARRIAGE <u>Rasa Bousfield</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(12) PRESENT POSTOFFICE OF FATHER <u>Orangeburg SC</u>	(13) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg SC</u>
(9) COLOR OR RACE <u>Col</u>	(14) COLOR OR RACE <u>Col</u>	(15) BIRTHPLACE <u>Arby Co SC</u>	(16) OCCUPATION <u>Home work</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(11) BIRTHPLACE <u>Arby Co SC</u>	(12) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg SC</u>	(13) PRESENT POSTOFFICE OF FATHER <u>Orangeburg SC</u>	(14) COLOR OR RACE <u>Col</u>	(15) BIRTHPLACE <u>Arby Co SC</u>
(16) OCCUPATION <u>Job work</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(18) BIRTHPLACE <u>Arby Co SC</u>	(19) OCCUPATION <u>Home work</u>	(20) Number of children of this mother now living, including present birth <u>2</u>
(20) Number of children born to mother, including present birth <u>1</u> <u>2</u>	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.			

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

 (23) (Signature)
 (24) State whether Physician or Midwife

 (25) Address of Physician or Midwife
Orangeburg SC

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

 (27) Filed Aug 23 1925 (28) W. H. Duke 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.