

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of City
 of
 Inc. Town of
 City of

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

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 Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 15 1925
 To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME William Hynes
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg SC
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 28
 (12) BIRTHPLACE Orlando FL
 (13) OCCUPATION Job work
 (14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Rasa Bumpkin
 (16) PRESENT POSTOFFICE OF MOTHER Orangeburg SC
 (17) COLOR OR RACE Col (18) AGE AT LAST BIRTHDAY 25
 (19) BIRTHPLACE Orlando FL
 (20) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) R. J. Hynes
 (24) State whether 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 2 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.