

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc. in question 5.
 N. B. McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Thence
 Township of Thence
 OR
 Inc. Town of Thence Registration District No. 20-A Registered No. 13
 OR
 City of Thence (No. 10 Smith Ct Street) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; 4 Ward)

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

File No.—For State Registrar Only
46169

2) Full Name of Child Francis M. Farland Haynie If child is not yet named, make supplemental report as directed

(8) BOY OR	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 11 1916</u> <small>(Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Charles Thompson Haynie</u>	(14) NAME BEFORE MARRIAGE <u>Nellie Gussama Cooper</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Thence, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Thence, S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>56</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Wilmington N.C.</u>	(18) BIRTHPLACE <u>Darlington, S.C.</u>			
(13) OCCUPATION <u>County Treasurer</u>	(19) OCCUPATION <u>housewife</u>			
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>5</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:50 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Florence

Given name added from a supplemental report _____, 191____ _____ Registrar	(26) Witness _____ <small>(Signature of Witness necessary only when question 23 is signed by mark)</small> (27) Filed <u>June 21 1916</u> (28) <u>66 Craft M.D.</u> Local Registrar
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*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.

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