

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 Fluence  
Township of Fluence  
OR  
Inc. Town of Fluence  
OR  
City of Fluence  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

46169

Registration District No. 20-A Registered No. 13  
(For use of Local Registrar)  
St. 10 Smith City Street Ward 4

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

(3) <del>BOY</del> OR <u>Girl</u>	(4) Twin or Triplet? <u>✓</u> <small>To be answered only in event of Twins or Triplets</small>	(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 Haynes</u>			(14) NAME BEFORE MARRIAGE <u>Hellie Suzanne Cooper</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Fluence, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Fluence, 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>Croft &amp; measure</u>		(19) OCCUPATION <u>Domestic</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 6:45 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 Fluence

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

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.