

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE 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 N. No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia, S. C.

(1) PLACE OF BIRTH

County of Sumter  
 Township of Providence

or  
 Inc. Town of .....

City of .....

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

File No.—For State Registrar Only  
47536

Registration District No. 4108 Registered No. 7  
 (For use of Local Registrar)

(2) Full Name of Child Henry Haynesworth { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 26 1916  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Lee Haynesworth  
 (9) PRESENT POSTOFFICE OF FATHER Rumbert S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 6

MOTHER.  
 (14) NAME BEFORE MARRIAGE Eddie Harrington  
 (15) PRESENT POSTOFFICE OF MOTHER Rumbert S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nellie M. Grant  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness Mrs. Eva Bickette (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 4 1916 (28) B. M. Laughlin 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.

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