

Form No 1

(1) PLACE OF BIRTH

County of FairfieldTownship of Winnsboroor
Inc. Town of Winnsboroor
City of Winnsboro

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18462

Registration District No.

Registered No.

(For use of Local Registrar)

(No.)

St.; Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph R Hayne Jr

If child is not yet named, make supplemental report as directed

3 SEX OR
GIRL Boy4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

5) Number in
order of birth only6) Are
Parents
Married? yes

(7) DATE OF

BIRTH July 10 24

(Month) (Day) (Year)

FATHER.

8 FULL
NAME Joseph R Hayne9 PRESENT
POSTOFFICE
OF FATHER Winnsboro SC10 COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 28

(Years)

12 BIRTHPLACE Longtown SC13 OCCUPATION Police man14 Number of children born to
mother, including present birth one

MOTHER.

(14) NAME BEFORE
MARRIAGE Eva Mack(15) PRESENT
POSTOFFICE
OF MOTHER Winnsboro SC(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 21

(Years)

(18) BIRTHPLACE Greenville Mass(19) OCCUPATION Housewife(21) Number of children of this mother
now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Long(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Winnsboro SCGiven name added from a supplemen-
tal report

(26) Witness

(Signatures of Witness necessary only
when question 23 is signed by mark)

(27) Filed

19

(28)

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.

THIS CERTIFICATE MUST BE FILED IN A PERMANENT RECORD IN THE BUREAU OF VITAL STATISTICS, AND MARKED THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

MEDICAL COLUMBIA, COLUMBIA, S. C.