

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.

WI McCaw. of Columbia.

N.

McCaw

(1) PLACE OF BIRTH  
 County of Greenwood  
 Township of .....  
 or  
 Inc. Town of Bradley  
 or  
 City of .....  
 (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

77371

Registration District No. 2800 Registered No. 73  
 (For use of Local Registrar)

(2) Full Name of Child, Dayton Cornelius Jones Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 14, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Dayton Cornelius Jones Sr.

(9) PRESENT POSTOFFICE OF FATHER Bradley, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Section Master on R.R.

(20) Number of children born to mother, including present birth { Four }

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Simpson

(15) PRESENT POSTOFFICE OF MOTHER Bradley S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth { Four }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:15 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. H. Workman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Irby, S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Sept 18 1916 (28) W. P. Loeber 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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