

(1) PLACE OF BIRTH

County of Sumter

Township of Privatter

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

83651

Registration District No. 4104

Registered No. 115

(For use Local Registrar)

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

(2) Full Name of Child. Aleure Jones

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 Oct 10 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ransome Jones

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C. R#2

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Sumter Co S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Cockey

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. R#2

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Sumter Co S.C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) C. G. Jones

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter S.C. R#2

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness A. B. Koth (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed Oct 20 1916 (28) Atlas B. Koth 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 fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. 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. McGaw, of Columbia.