

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
62938

County of Anderson

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

Township of

or
Inc. Town of Anderson Registration District No. 3A Registered No. 202
(For use of Local Registrar)
or Anderson (No. 521 N. Franklin St. St.; 4 Ward)
(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12 1914
To be answered only in case of twins or triplets (Same of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John Jones
(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Wilkes Co. Ga.
(13) OCCUPATION Farm Laborer
(14) Number of children born to mother, including present birth { III

(14) NAME BEFORE MARRIAGE Emma Brown
(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Anderson Co. S.C.
(19) OCCUPATION House Servant
(21) Number of children of this mother now living, including present birth { II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:40 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Smith
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson, 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)
H. H. Smith
(27) Filed 191..... (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.

Registrar _____ Local Registrar _____

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FORM NO. 6
MARRIAGE REGISTRARS IN THE BUSINESS.
WHILE PLEASE PRINT WITH CARE IN FILLING IN—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.
N. B. McCaw, of Columbia