

## (1) PLACE OF BIRTH

County of AbbevilleTownship of MagnoliaInc. Town of ColumbiaCity of Columbia

(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  
62824Registration District No. 109 Registered No. 63

(For use of Local Registrar)

St.: \_\_\_\_\_ Ward:

(2) Full Name of Child Bessie Irene Jones

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 5 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lalron P Jones  
(9) PRESENT POSTOFFICE OF FATHER Columbia Falls S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE York Co. S.C.  
(13) OCCUPATION Miss Operative  
(20) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jane Hancock  
(15) PRESENT POSTOFFICE OF MOTHER Columbia Falls S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Greenwood Co. S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth Two

## 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) H. B. Hance(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Columbia Falls 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 June 5 1916 (28) H. B. Hance 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. 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.