

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Spartanburg STATE OF SOUTH CAROLINA.Township of Cross Bureau of Vital Statistics

or

Inc. Town of

Registration District No. 4003

File No.—For State Registrar Only

50489

Registered No. 5  
(For use of Local Registrar)City of (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. Chamney 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

(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 6 1906

(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

## FATHER.

(8) FULL NAME

John Jones

(9) PRESENT POSTOFFICE OF FATHER

Enoree S C

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

31  
(Years)

(12) BIRTHPLACE

Spartanburg Co

(13) OCCUPATION

Farmer

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

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Nance

(15) PRESENT POSTOFFICE OF MOTHER

Enoree S C

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

33  
(Years)

(18) BIRTHPLACE

Lawrence Co

(19) OCCUPATION

House wife

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mandy Jones

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

midwife Enoree S C

Given name added from a supplemental report

(26) Witness Mrs. C. D. Hanna  
(Signature of Witness necessary only when question 22 is signed by male)(27) Filed Mar. 7 1906 (28) C. D. Hanna  
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.

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.

McCaw, of Columbia