

(1) PLACE OF BIRTH

County of GreenvilleTownship of Saluda

or

Inc. Town of

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

64606

Registration District No. 2215Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

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

FATHER.

(8) FULL NAME

J. Pralo Jones

(9) PRESENT POSTOFFICE OF FATHER

Marion SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35 (Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Emily Cantrell

(15) PRESENT POSTOFFICE OF MOTHER

Marion SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

35 (Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

(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 born at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. O. L. Godwin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. D.Marion SC

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed June 1916(28) C. O. L. Godwin

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.

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.