

MARGIN RESERVED FOR DRAWING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

County of Illas

Township of Manassas

Inc. Town of.....

or
City of

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

(2) Full Name of Child Mary Allen Jones

139-23-049085

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No. 117
(For use of Local Registrar)

(No. St.; Ward)

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

(3) **BOY OR GIRL?** *u*

(4) **Twin or Triplet?**

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) **Parents**
Married *Y. S.*

(7) DATE OF BIRTH Oct 2, 1928
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Jones

(9) PRESENT POSTOFFICE OF FATHER *Dillon*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY.....*22*.....
(Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE *Hattie Mauer*

(15) PRESENT POSTOFFICE OF MOTHER *Dillard*

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE *SC*

(19) OCCUPATION
Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was . . . Born alive . . . at . . . 1 A . . . M.
on the date above stated. (17) (Born alive or stillborn) (Hour-A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Oct 10 1925 (28) 10 10 25 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.

AFFIDAVIT NEXT FRAME