

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.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
75886

County of ... Berkley

Township of ... Daniells Island

OR
Inc. Town of *St. Dennis*

Registration District No. *707* Registered No.
(For use of Local Registrar)

OR
City of ... *St. Thomas* ...

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

(2) Full Name of Child. *Elinor Florinne Jones* } If child is not yet named, make supplemental report as directed

| | | | | |
|---------------------------------|---|------------------------------|--|---|
| (3) BOY OR GIRL? <i>Girl</i> | (4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets.</i> | (5) Number in order of birth | (6) Are Parents Married? <i>Yes</i> | (7) DATE OF BIRTH <i>Sept. 20th., 1916</i> (Name of Month) (Day) (Year) |
|---------------------------------|---|------------------------------|--|---|

FATHER.

(8) FULL NAME *Robert Jones*

(9) PRESENT POSTOFFICE OF FATHER *Daniells Island S.C.*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *40* (Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Farmer*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Florinne Elinor McNeil*

(15) PRESENT POSTOFFICE OF MOTHER *Daniells Island S.C.*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *27* (Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Cook*

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

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) *Charles A. ...*

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