

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

County of ... Berkley

Township of ... Daniells Island

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

75886

Registration District No. 707 Registered No.

(For use of Local Registrar)

City of St. Thomas 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?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes.

(7) DATE OF BIRTH Sept. 20th., 1916

(Name of Month) (Day) (Year)

Girl

To be answered only in event of Twins or Triplets.

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.

(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. McNeil

(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

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(28)

Local Registrar.

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.