

DIAGNOSIS, HISTORY, AND FOR HINDING. STATE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE DEAN'S FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 8. MAY 1904, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Calhoun
Township of Amelia
or Inc. Town of Fort Mite Registration District No. 800 Registered No. 74
or City of S.C. (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 Robert Jones (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? one (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 28 19 22
(State of Month) (Day) (Year)

FATHER.
(8) FULL NAME Henry James
(9) PRESENT POSTOFFICE OF FATHER Fort Mite S.C.
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 39 (Years)
(12) BIRTHPLACE Richland Co
(13) OCCUPATION Farm laborer
(20) Number of children born to mother, including present birth Nine

MOTHER.
(14) NAME BEFORE MARRIAGE Octava King
(15) PRESENT POSTOFFICE OF MOTHER Fort Mite S.C.
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Richland Co
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born Jan 28 at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Hannah X. DeBessene
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fort Mite

Given name added from a supplemental report
(26) Witness O. A. Woodley M.D. (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 10 19 22 (28) A. R. Pile 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.

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