

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

86861

Registration District No.

Registered No.

(For use of Local Registrar)

MARGIN RESERVED FOR BINDING.
 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.
 McGraw, of Columbia.

(3) BOY OR
GIRL?

girl

(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in case of Twins or Triplets

(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Henry Jones

(9) PRESENT
POSTOFFICE
OF FATHER

Bourman, S.C.

(10) COLOR
OR
RACE

Negro

(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

Orangeburg S.C.

(13) OCCUPATION

Farming

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

1

MOTHER.

(14) NAME BEFORE
MARRIAGE

Eva Jennings

(15) PRESENT
POSTOFFICE
OF MOTHER

Bourman, S.C.

(16) COLOR
OR
RACE

negro

(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Household duties

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
report

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Registrar

(26) Witness

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

(27) Filed

1916

(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.