

(1) PLACE OF BIRTH  
 County of Orangeburg STATE OF SOUTH CAROLINA.  
 Township of Bowman Bureau of Vital Statistics  
 or State Board of Health  
 Inc. Town of Bowman Registration District No. 3602  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
86861

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parent Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 30 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Newey Jones</u>	(14) NAME BEFORE MARRIAGE <u>Eva Jennings</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Bowman, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bowman, S.C.</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Orangeburg S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>household duties</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

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. (Hour A. M. or P. M.) 11 A.  
 (23) (Signature) Deliah Jones  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bowman, S.C.

Given name added from a supplemental report \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_ Registrar  
 (26) Witness D. D. Knight (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov 1 1916 (28) D. D. Knight 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.

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.