

# CERTIFICATE OF BIRTH

County of San Diego

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

**State Board of Health**

Township of .....

or

Inc. Town of

Registration District No. 5

Registered No.

(For use of Local Registrar)

or

City of Chicago (No. 1000 St. 1000 Ward 1000)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Charles Allen Jones

If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~  
GIRL?

(2) ~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

(5) Number in  
order of birth

(5) Are  
Parents  
Married?

(7) DATE OF BIRTH 7 (N2)

(7) DATE OF BIRTH Feb., 16, 1942  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME

Allen Morris

(9) PRESENT  
POSTOFFICE  
OF FATHER

Amata

(1c) COLOR  
OR  
RACE

(II) AGE AT LAST BIRTHDAY 46  
(Years)

(12) BIRTHPLACE

THPLACE  
New Brunswick

(13) OCCUPATION

ION  
Blocksmith

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

3.

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

6.

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 28 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.