

(1) PLACE OF BIRTH

County of MarionTownship of Moreyor
Inc. Town of

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

73862

Registration District No. 204 Registered No. 49

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 18, 1914</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lil Jones(9) PRESENT POSTOFFICE OF FATHER Sellers, S C(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Marion County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { Three }

MOTHER.

(14) NAME BEFORE MARRIAGE Lilla Campbell(15) PRESENT POSTOFFICE OF MOTHER Sellers(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Marion County(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth { Three }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 1 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Liza P. Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Joe M. Harris

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Sept 16 191..... (28) J. M. Harris 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.

McCaw, of Columbia.