

County of Dade Bureau of Vital Statistics
 Township of Campbell State Board of Health
 Inc. Town of Registration District No. 4001 Registered No. 17
 (For use of Local Registrar)
 or
 City of (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 Elmore Jones } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 9 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 14 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Jones
 (9) PRESENT POSTOFFICE OF FATHER Campbell
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 52 (Years)
 (12) BIRTHPLACE GA
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 9

MOTHER.
 (14) NAME BEFORE MARRIAGE Lena Copeland
 (15) PRESENT POSTOFFICE OF MOTHER Campbell
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38 (Years)
 (18) BIRTHPLACE GA
 (19) OCCUPATION Washing
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Harriet J. A. ...
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Campbell

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 Mar 7 1916 (28) A. J. Burtess 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.

fifth month of pregnancy.

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH LEADING 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.

Md McCaw, of Columbia