

(1) PLACE OF BIRTH

County of Flaymce
Township of Lark

or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

42834

Registration District No. 2009 Registered No. 116
(For use of Local Registrar)

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 Melikhah Jones

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 21 1915
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Clemmie Jones

(14) NAME BEFORE MARRIAGE Mara Singletary

(9) PRESENT POSTOFFICE OF FATHER Leo SC

(15) PRESENT POSTOFFICE OF MOTHER Leo SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Williamburg Co

(18) BIRTHPLACE Leo SC

(13) OCCUPATION Farmer Hand

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susannah Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Leo SC

Given name added from a supplemental report

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

Registrar

(27) Filed 12/29 1915 (28) P. L. Carter 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.

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