

BIRTH NO. 10. MARGIN RESERVED FOR INDEXING. 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.

(1) PLACE OF BIRTH

County of F. Haynes
 Township of Leno

or
 Inc. Town of Registration District No. 2009 Registered No. 116
 or
 City of (No. Sl.; Ward)
 (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
42834

(2) Full Name of Child Melikia 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 24 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clemmie Jones
 (9) PRESENT POSTOFFICE OF FATHER Leno S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Williamburg Co.
 (13) OCCUPATION Farm Hand
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mara Singletary
 (15) PRESENT POSTOFFICE OF MOTHER Leno S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Leno S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother new 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 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susanna Jones
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Leno S.C.

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 12/29 1915 (28) R. 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.

*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.