

(1) PLACE OF BIRTH

County of Anderson

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71215

Township of .....

or  
Inc. Town of Williamston

or

City of .....

Registration District No. 3 CRegistered No. 8

(For use of Local Registrar)

(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. Jane Roy Mitchell { 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 1, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Si Brewster Jones(9) PRESENT POSTOFFICE OF FATHER Mt Springs Anderson Co(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth { ..... 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Mitchell(15) PRESENT POSTOFFICE OF MOTHER Williamston(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Greenville Co.(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { ..... 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 10 ..... A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. J. Lander

(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 23 is signed by mark)

(27) Filed Aug 4, 1916 (28) B. F. Russell 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.

FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.  
N. B.—In case of TWINS OR TRIPLETS, use a SEPARATE BLANK for each child, and make the

McCauley, of Columbia.