

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of **Marlboro** STATE OF SOUTH CAROLINA.
 Township of **Bennettsville** Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
49869

Inc. Town of Registration District No. **3301** Registered No. **16**
 or (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 **Bellie Jones** } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Girl** (4) Twin or Triplet? **No** (5) Number in order of birth **7** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Feb 22 1916**
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **J. L. Jones**
 (9) PRESENT POSTOFFICE OF FATHER **Bennettsville SC**
 (10) COLOR OR RACE **Negro** (11) AGE AT LAST BIRTHDAY **35** (Years)
 (12) BIRTHPLACE **Marlboro Co SC**
 (13) OCCUPATION **Farming**
 (14) Number of children born to mother, including present birth **7**

MOTHER.

(14) NAME BEFORE MARRIAGE **Harriet A. Williams**
 (15) PRESENT POSTOFFICE OF MOTHER **Bennettsville SC**
 (16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY **34** (Years)
 (18) BIRTHPLACE **Marlboro Co SC**
 (19) OCCUPATION **Housewife**
 (21) Number of children of this mother now living, including present birth **Seven**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born** at **630 P** M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) **Laura Parrent**

(24) State Whether Physician or Midwife **Midwife**

(25) Address of Physician or Midwife **Bennettsville SC**

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 **Feb 26 1916**

(28) **W. C. Pate**

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.