(1) PLACE OF BIRTH

County of Florence

Township of Latta

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
89854

Registration District No. 2009 Registered No. 144
(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 Nida Jones (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth 4
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 20, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Jones

(9) PRESENT POSTOFFICE OF FATHER Latta City, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Florence Co.

(13) OCCUPATION Farm hand

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Phlis Smyley

(15) PRESENT POSTOFFICE OF MOTHER Latta City, S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Simpsonville, S.C.

(19) OCCUPATION Farm work

(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 alive at 10.10 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pet Hanna Mr

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Lake City S.C.

Given name added from a supplemental report

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..... 19 ....
Registrar

(26) Witness S.B.W. Cuttino M.D.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/3/28 1916 (28) R. Les 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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WHEREVER STRAWN, WHITE UNFADING INK—WHERE A PRINTING INSTRUMENT REQUIRED. NO. 8.—In case of TWINS OR TRIPLETS, use a SEPARATE BLANK for each CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.
McCAW OF COLUMBIA, COLUMBIA, S. C.