

(1) PLACE OF BIRTH

County of PorterTownship of Green SpringsInc. Town of
or
City of

(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

44655

Registration District No. 4405Registered No. 101

(For use of Local Registrar)

St.: Ward)

2) Full Name of Child

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

(3) BOY OR GIRL? Bo(4) Twin or Triplet? ✓(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 8, 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Henry Jones(9) PRESENT POSTOFFICE OF FATHER W. H. Jones(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE W. H. Jones(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lilly Maud McKeith(15) PRESENT POSTOFFICE OF MOTHER W. H. Jones(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE W. H. Jones(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born 4 2 M.,
on the date above stated. (If alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician - Green Springs

Given name added from a supplemental report

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(26) Witness

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

(27) Filed Dec 24

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(28)

Local Registrar J. C. White

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.