CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
64652

(1) PLACE OF BIRTH

County of Greenwood

Township of Ninety Six

or

Inc. Town of ..... Registration District No. 2306 Registered No. 91
(For use of Local Registrar)

or

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 James Samuel Jones Jr. { 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 25, 1916
(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME James Samuel Jones Sr.

(9) PRESENT POSTOFFICE OF FATHER Columbus, N. M.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE Greenwood Co.

(13) OCCUPATION Pack-master Q. M. Corps, U. S. Army

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

MOTHER.

(14) NAME BEFORE MARRIAGE Bettie Kate Warren

(15) PRESENT POSTOFFICE OF MOTHER Greenwood Co.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Greenwood Co.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. C. Harper

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Greenwood 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 July 14, 1916. (28) S. R. Brooks
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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