

(1) PLACE OF BIRTH.

County of Union

Township of

Inc. Town of Jonesville

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 Charles Lee 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 19 1908 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Samuel Jones</u>	(14) NAME BEFORE MARRIAGE <u>Samuel Jones</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Jonesville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Jonesville</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Union, S.C.</u>	(18) BIRTHPLACE <u>Union, S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 5 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Jones (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Jonesville, S.C.

Given name added from a supplemental report

(26) Witness Dr. J. H. Jones (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1908 Mar 4 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.

*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.