

MARGIN RESERVED FOR BONDING.
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.

McClaw, of Columbia

(1) PLACE OF BIRTH

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County of *Charleston S.C.*Township of *Charleston S.C.*Inc. Town of *Charleston S.C.*City of *Charleston S.C.*

(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

80494

Registration District No. *9A*Registered No. *1071*

(For use of Local Registrar)

(2) Full Name of Child *Corretta Jones*(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Oct 1st*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Edward Jones

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.(10) COLOR OR RACE *colored*(11) AGE AT LAST BIRTHDAY *36*

(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Butler

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

11

MOTHER.

(14) NAME BEFORE MARRIAGE

Clara Hegg

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.(16) COLOR OR RACE *colored*(17) AGE AT LAST BIRTHDAY *32*

(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Saunders

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10 o'clock P.M.* on the date above stated.

(Born alive or stillborn)

(23) (Signature) *Abel D. Dole*

(Hour A. M. or P. M.)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *H.S. Thompson et*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *10/7/1916*

(28)

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.