

Form No. 10.

MARGIN RESERVED FOR BINDING.

WHITE 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.

Cav. of Columbia

(1) PLACE OF BIRTH

County of AbbevilleTownship of Abbeville

Inc. Town of

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

62760

Registration District No. 100 Registered No. 178

(For use of Local Registrar)

(2) Full Name of Child Lanier Jones { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or triplet? X(5) Number in order of birth X(6) Are Parents Married? Yes(7) DATE OF BIRTH June 25 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Jones(9) PRESENT POSTOFFICE OF FATHER Abbeville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Abbeville, Co. SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Corine Marshall(15) PRESENT POSTOFFICE OF MOTHER Abbeville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Abbeville, Co. SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alice J. J. J.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Abbeville, SC

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness J. J. J.

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

(27) Filed June 27 1916 (28) J. J. J. 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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