

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Spartanburg STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50387

Township of

or
Inc. Town ofor
City of Spartanburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 40-aRegistered No. 65

(For use of Local Registrar)

(2) Full Name of Child Ruth Lee Jones

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

(3) ~~MALE~~ OR
GIRL?(4) Twin
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married? ye(7) DATE OF
BIRTHFeb. 2, 1911

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEWilliam Jones(9) PRESENT
POSTOFFICE
OF FATHERSpartanburg(10) COLOR
OR
RACEColored(11) AGE AT LAST
BIRTHDAY38
(Years)

(12) BIRTHPLACE

Spartanburg

(13) OCCUPATION

Common labor(20) Number of children born to
mother, including present birth9(14) NAME BEFORE
MARRIAGEDice Cheatham(15) PRESENT
POSTOFFICE
OF MOTHERSpartanburg(16) COLOR
OR
RACEColored(17) AGE AT LAST
BIRTHDAY35
(Years)

(18) BIRTHPLACE

Spartanburg

(19) OCCUPATION

Common labor(21) Number of children of this mother
now living, including present birth8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:10 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carrie L. Dowd(24) State whether Physician or Midwife(25) Address of Physician or Midwife48 Stinson St. SpartanburgGiven name added from a supplement-
tal report

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Registrar

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed Mar 1, 1911(28) Local Registrar

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.

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.