

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

72552

(1) PLACE OF BIRTH

County of EdgefieldTownship of Whartonor
Inc. Town ofor
City of

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

Registration District No. 1819 Registered No. 222

(For use of Local Registrar)

(2) Full Name of Child Elvira Jones { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>5</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 15, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>Jaac Jones</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Trenton SC</u>
(10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>39</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Edgefield Co</u>
(13) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth { <u>5</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Mary Mance</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Trenton S.C.</u>
(16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>
(18) BIRTHPLACE <u>Edgefield Co</u>
(19) OCCUPATION <u>Housewife</u>
(21) Number of children of this mother now living, including present birth { <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bella Blawie

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

midwife | Trenton SC

Given name added from a supplemental report

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

Registrar

(26) Witness W. H. Moss

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

(27) Filed June 17, 1916 (28) J. R. Moss

Local Registrar

*When there was no attending physician or midwife, then the father, householders, 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 make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.