

## (1) PLACE OF BIRTH

County of MarionTownship of Reevesor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 3-105 Registered No. 167

(For use of Local Registrar)

(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 Mildred Jones

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 28, 27</u> (Name of Month) (Day) (Year)
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FATHER:

(8) FULL NAME Ronnie Jones

(9) PRESENT POSTOFFICE OF FATHER Mullins

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 21 (Year)

(12) BIRTHPLACE Marion Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER:

(14) NAME BEFORE MARRIAGE Rebie Kilchrist

(15) PRESENT POSTOFFICE OF MOTHER Mullins

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 21 (Year)

(18) BIRTHPLACE Marion Co.

(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:15 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Amy K. Hays(24) State whether Physician Midwife(25) Address of Physician or Midwife Mullins Co.

Given name added from a supplemental report

(26) Witness Amy Schuller (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 11, 1928 (28) Amy Schuller 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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.