

MARGIN RESERVED FOR BINDING.

STATE 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.

McCaw

(1) PLACE OF BIRTH

County of Florence
Township of Gov. Lee
or
Inc. Town of Kingsburg
or
City of 20 (No. _____ St.; _____ Ward)
(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

55875

Registration District No. 20 Registered No. 15
(For use of Local Registrar)

(2) Full Name of Child

William Joseph Jones

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 14 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Calvin S. Jones (14) NAME BEFORE MARRIAGE Doris Williams

(9) PRESENT POSTOFFICE OF FATHER Kingsburg (15) PRESENT POSTOFFICE OF MOTHER Kingsburg

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Posticks (18) BIRTHPLACE Williamburg S.C.

(13) OCCUPATION Farmer (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7 (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 Alive at 10:00 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William J. Posticks (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Panplies B1 SC

Given name added from a supplemental report
W. J. Posticks 1916
W. J. Posticks
Suplt Registrar

(26) Witness W. J. Posticks (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 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.

*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.