

Form No. 1.

(1) PLACE OF BIRTH  
 County of Calhoun  
 Township of Amelia  
 OR  
 Inc. Town of .....  
 OR  
 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.

REG. NO. 48242

Registration District No. 222 Registered No. 18  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE BIRTH Feb. 19 1906  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Jones  
 (9) PRESENT POSTOFFICE OF FATHER St. Matthews  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)  
 (12) BIRTHPLACE South Carolina  
 (13) OCCUPATION Farmer Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Delia Kidd  
 (15) PRESENT POSTOFFICE OF MOTHER St. Matthews  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION Farmer Laborer

(20) Number of children born to mother, including present birth { 2 (21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Specify A. M. or P. M.)

(23) (Signature) St. Matthews  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report ..... 1906  
 ..... Registrar

(26) Witness (Signature of witness necessary only when question 22 is signed by mark) W. R. Able  
 (27) Filed Feb 28 1906 (28) W. R. Able 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.