

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 6.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Union Co.Township of KindredInc. Town of
or
or

City of (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

75035

Registration District No. 420 (Registered No. 44.....)

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 2, 1906</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME <u>Elvis Jones</u>	(14) NAME BEFORE MARRIAGE <u>Ginnie May White</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Kelton St.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Kelton St.</u>
(10) COLOR OR RACE <u>Black</u>	(16) COLOR OR RACE <u>Black</u>
(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>
(12) BIRTHPLACE <u>St.</u>	(18) BIRTHPLACE <u>St.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth { <u>2</u>	(21) Number of children of this mother now living, including present birth { <u>2</u>

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1030 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Sims

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

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 1916 (28) D. G. Gallman
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.