

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.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Charleston*
 Township of *Court House*
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
76367

Registration District No. *1203* Registered No. *171*
 (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

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 10 1916</i> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME *Neal Crawford Jones*
 (9) PRESENT POSTOFFICE OF FATHER *Charleston S.C.*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *34*
 (Years)
 (12) BIRTHPLACE *Charleston Co*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *One*

(14) NAME BEFORE MARRIAGE *Lana Melton*
 (15) PRESENT POSTOFFICE OF MOTHER *Charleston S.C.*
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20*
 (Years)
 (18) BIRTHPLACE *Charleston Co*
 (19) OCCUPATION *Housewife*
 (21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *4:20 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Robert L Gardner M.D.*
 (24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Charleston S.C.*

Given name added from a supplemental report

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

(27) Filed *Sept 15 1916* (28) *T. E. Mulley* 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.