

Form No. 1

## (1) PLACE OF BIRTH

County of MarionTownship of Rock Bluffor Inc. Town of McCollor City of McColl

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39417

Registration District No. 3305Registered No. 144  
(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 Daniel Allen 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 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 21 1932  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME JAMES ALLEN JONES(9) PRESENT POSTOFFICE OF FATHER McColl SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Broadway NC(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Christine McNeil(15) PRESENT POSTOFFICE OF MOTHER McColl SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Raiford NC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:45 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Dr. Moore(24) State Whether Physician or Midwife Physician(25) Address of Physician or Midwife McColl SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 30 1932

(28)

W. M. Mearns 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.

REMARKS: In case of TWINS or TRIPLETS, give name of each child, and mark the first-born, No. 1. THE OTHER, No. 2, etc., in question 5.