

(1) PLACE OF BIRTH

County of BambergTownship of Three MileInc. Town of
orCity of P.O. Olar

(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

58665

Registration District No. 404Registered No. 70

(For use of Local Registrar)

(2) Full Name of Child Ellis Ruth Jones

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>10</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 30</u> 191 <u>6</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie Jones(9) PRESENT POSTOFFICE OF FATHER Olar, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Bamberg Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Ellis Ray(15) PRESENT POSTOFFICE OF MOTHER Olar, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Bamberg Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. W. Cunningham, M.D.

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

Physician Olar, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 6/12 1916 (28) H. J. Henderson 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.

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N. B. — In case of twins or triplets use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, this OTHER, No. 2, etc., in question 5.
 McCray, of Columbia.