

Form No 1.

(1) PLACE OF BIRTH

County of York
 Township of Rock Hill
 or
 Inc. Town of Rock Hill
 or
 City of Rock Hill
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

SEALER OF SOUTH CAROLINA,
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registration
50763

Registration District No. 44B Registered No. 25
 (For use of Local Registrar)
 No. Rhea (If child is not yet named, make supplemental report as directed.)

(2) Full Name of Child Nettie M. Jones

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 7, 1906
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Charlie Jones
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.
 (10) COLOR OR RACE African American (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Fairfield County
 (13) OCCUPATION Rail Road laborer
 (14) Number of children born to mother, including present birth 4

MOTHER
 (15) NAME BEFORE MARRIAGE Ella blond
 (16) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.
 (17) COLOR OR RACE African American (18) AGE AT LAST BIRTHDAY 18 (Years)
 (19) BIRTHPLACE Chester County
 (20) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 a.m. on the date above stated. (Born, alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. A. Mason
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician, Rock Hill, S.C.

Given name added from a supplemental report

 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by male)
3/1 (27) File No. 6 (28) J. A. Mill Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.