# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
74894

(1) PLACE OF BIRTH

County of [illegible]

Township of Mulberry

or

Inc. Town of ..... Registration District No. 4123 Registered No. 56
(For use of Local Reistrar)

or

City of ..... (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** Verna Jones

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

| (3) BOY OR GIRL? | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? | (7) DATE OF BIRTH |
|---|---|---|---|---|
| Girl | To be answered only in event of Twins or Triplets | | Yes | May 11, 1916 (Name of Month) (Day) (Year) |

| FATHER. | MOTHER. |
|---|---|
| (8) FULL NAME Willie Jones | (14) NAME BEFORE MARRIAGE Vernie Jones |
| (9) PRESENT POSTOFFICE OF FATHER Wedgefield SC | (15) PRESENT POSTOFFICE OF MOTHER Wedgefield SC |
| (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35 (Years) | (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years) |
| (12) BIRTHPLACE SC | (18) BIRTHPLACE SC |
| (13) OCCUPATION Labor | (19) OCCUPATION Domestic |
| (20) Number of children born to mother, including present birth 3 | (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 7 a. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Wedgefield SC

Given name added from a supplemental report

....., 191....

.....
Registrar

(26) Witness M. L. Lee
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 12 1916 (28) M. L. Lee
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.

FORM No. 5 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.