

Form No. 1.

(1) PLACE OF BIRTH

County of Horry

Township of Bucks

or  
Inc. Town of .....

or  
City of .....

(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

49476

Registration District No. 250A Registered No. 1575

(For use of Local Registrar)

St.: ..... Ward)

(2) Full Name of Child Orilla Jones

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE July, 4, 1916  
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charley Jones

(9) PRESENT POSTOFFICE OF FATHER Totawille

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Horry

(13) OCCUPATION Labores

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ester Sarris

(15) PRESENT POSTOFFICE OF MOTHER Totawille S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Horry

(19) OCCUPATION Labors wife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucky J. Boyd

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

Given name added from a supplemental report

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Registrar

(26) Witness J. F. Harsh (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 15, 1916 (28) S. F. Bourne 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.