

Form No. 3

(1) PLACE OF BIRTH
County of Beaufort
Township of 11
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
88509

Registration District No. 600 Registered No. 1148
(For use of Local Registrar)
St.; Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Simon Jones

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Nov. 5 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME I don't know
(9) PRESENT POSTOFFICE OF FATHER I don't know
(10) COLOR OR RACE I.S. (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE I don't know
(13) OCCUPATION I don't know
(20) Number of children born to mother, including present birth one

MOTHER.
(14) NAME BEFORE MARRIAGE Essie Jones
(15) PRESENT POSTOFFICE OF MOTHER Burton S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Bly Co. S.C.
(19) OCCUPATION Labaw
(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 11 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Midwife (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Burton S.C.

Given name added from a supplemental report

(26) Witness E. D. Davis (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6 (28) W. M. Davis 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.

MARGIN RESERVED FOR BINDING.
WHITE 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.

McCauley of Columbia.