

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only

50644

(1) PLACE OF BIRTH

County of UnionTownship of Alexander Keysor
Inc. Town of S.C.City of _____ (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Registration District No. 4204 Registered No. 3
(For use of Local Registrar)(2) Full Name of Child Luther Jones } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>no</u> <small>to be answered only in event of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Feb. 18, 1911</u> (Name of Month) (Day) (Year)
-----------------------------	--	------------------------------------	------------------------------------	--

FATHER.

(8) FULL NAME Alb Jones(9) PRESENT POSTOFFICE OF FATHER Sedalia S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Union S.C.(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Simez(15) PRESENT POSTOFFICE OF MOTHER Sedalia S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Union S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 10 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. L. L. L. L.(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Sedalia S.C.

Given name added from a supplemental report

(26) Witness Blair Moseley
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1911 (28) Dr. H. F. Moseley Local Registrar

..... 1911

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.

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