

Form No. 1.

(1) PLACE OF BIRTH

County of Calhoun

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

48247

Township of Amelia

Inc. Town of

City of

Registration District No. 800 Registered No. 13

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Victoria Jones

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 2 1916</u>
To be answered only in event of Twins or Triplets				

FATHER.		MOTHER.	
(8) FULL NAME <u>Joseph Jones</u>	(14) NAME BEFORE MARRIAGE <u>Anna Jenkins</u>	(15) PRESENT POSTOFFICE OF FATHER <u>St. Matthews Sg.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>St. Matthews Sg.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>South Carolina</u>	(18) BIRTHPLACE <u>South Carolina</u>	(19) OCCUPATION <u>Farm Laborer</u>	(19) OCCUPATION <u>Farm Laborer</u>
(20) Number of children born to mother, including present birth { <u>1</u> }	(21) Number of children of this mother now living, including present birth { <u>1</u> }		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) William X. Richardson

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

Midwife St. Matthews Sg.

Given name added from a supplemental report

(26) Witness W. R. Rife (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Feb 15 1916 (28) W. R. Rife 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.

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