

Form No. 1

## (1) PLACE OF BIRTH

County of CalhounTownship of Pine Groveor  
Inc. Town of Lone Staror  
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

29140

Registration District No. 803 Registered No. 84  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Clifford Mathias 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 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>W. F. Jones</u>	(14) NAME BEFORE MARRIAGE	<u>Mary Bair</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>7th Motte S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>7th Motte S.C.</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>35</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>34</u> (Years)
(12) BIRTHPLACE	<u>S.C.</u>	(18) BIRTHPLACE	<u>S.C.</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>5</u>	(21) Number of children of this mother now living, including present birth	<u>5</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) J. Green M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greene, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Sept 2019 22

(28)

J. D. Simons

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.

MARGINS 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.