

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.

McClaw, of Columbia.

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....

or  
City of Charleston (No. 28 Artisan St.; ..... Ward)  
(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

71751

Registration District No. 9A Registered No. 879

(For use of Local Registrar)

(2) Full Name of Child. Helen M. Jones } If child is not yet named, make supplemental report as directed

(3) <del>BOY OR</del> GIRL?	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>August 26</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL  
NAME Alfred Richard Jones

(9) PRESENT  
POSTOFFICE  
OF FATHER Charleston

(10) COLOR  
OR  
RACE Colored (11) AGE AT LAST  
BIRTHDAY 22  
(Years)

(12) BIRTHPLACE  
Charleston S.C.

(13) OCCUPATION  
Porter

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

**MOTHER.**

(14) NAME BEFORE  
MARRIAGE Helen Williams

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

(16) COLOR  
OR  
RACE Colored (17) AGE AT LAST  
BIRTHDAY 18  
(Years)

(18) BIRTHPLACE  
Charleston S.C.

(19) OCCUPATION  
Chamber

(21) Number of children of this mother  
now living, including present birth. One (1)

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive at ..... 6:15 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. M. Jones

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

Physician 461 Meeting St.

Given name added from a supplement-  
tal report

....., 191.....

.....  
Registrar

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

(27) Filed 8/29/16 (28) J. M. Jones 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.

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