

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. McGrew of Columbia

(1) PLACE OF BIRTH
County of Flournoe
Township of 4
or
Inc. Town of _____
or
City of Flournoe
(if birth occurs in a hospital or

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

File No.—For State Registrar Only
46173

(2) Full Name of Child. *William Henry Jones, Jr.* If child is not yet named, make supplemental report as directed

(2) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 3, 1916
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME William J. ...

(14) NAME BEFORE MARRIAGE Maury ...

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY _____ (Years)	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY _____ (Years)
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(12) BIRTHPLACE	(18) BIRTHPLACE
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(13) OCCUPATION	(19) OCCUPATION
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(20) Number of children born to mother, including present birth

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)

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

Given name added from a supplemental report

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

(27) Filed Jan 19 1912 (28) C. V. Deane, M.A.
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.

Registrar I

Local Registrar.

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