

## (1) PLACE OF BIRTH

County of SumterTownship of Marionor  
Inc. Town of .....or  
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

50564

Registration District No. 4101 Registered No. 5

(For use of Local Registrar)

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>Is he measured only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 10, 1906</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME William Jones(9) PRESENT POSTOFFICE OF FATHER Madison St.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 43  
(Years)(12) BIRTHPLACE Sumter(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Henretta Davis(15) PRESENT POSTOFFICE OF MOTHER Madison St.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33  
(Years)(18) BIRTHPLACE Sumter County(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was Allen at 12 a M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. E. Gayle(24) State whether Physician or Midwife (25) Address of Physician or Midwife Madison St.

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed .....

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