

MARGIN RESERVED FOR BINDING.

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

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Spartanburg

Township of Greenville

Inc. Town of Greenville

City of Greenville

(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
42909

Registration District No. 4086

Registered No. 163
(For use of Local Registrar)

(2) Full Name of Child

Hollie Lucretia Jones

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet To be answered only in case of Twin or Triplet	5) Number in order of birth <u>1</u>	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>10-23-24</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Hugh D. Jones</u>			14) NAME BEFORE MARRIAGE <u>Ullie R. Mainier</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
12) BIRTHPLACE <u>Greenville S.C.</u>			18) BIRTHPLACE <u>Greenville S.C.</u>	
13) OCCUPATION <u>Householder</u>			19) OCCUPATION <u>Householder</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>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1111 M., on the date above stated. (Born alive or stillborn (Hour) M. or P. M.)

(23) (Signature) M. L. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville S.C.

(If name added from a supplemental report)

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

(27) Filed Jan 10 1924 (28) M. L. H. H. 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.

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.