

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Greenville
 Township of Summerville

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

File No. 90116 For State Registrar Only

Inc. Town of Registration District No. 2209 Registered No. 601
 or (For use of Local Registrar)
 or
 City of Summerville St. Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 18 1916
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Stewart Jones
 (9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 44 (Years)

(12) BIRTHPLACE Laurens Co.

(13) OCCUPATION Fruit Dealer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mittie Walker

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Pelham

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:50 am (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Albion Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife M. D. Greenville

Given name added from a supplemental report

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

(27) Filed Jan 27 1917 (28) A. H. Mackey Local Registrar

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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McKay, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.