

## (1) PLACE OF BIRTH

County of Anderson STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Savannah State Board of Health

File No.—For State Registrar Only

71311

Inc. Town of ..... Registration District No. 31 ..... Registered No. 5-9  
 (For use of Local Registrar)

City of ..... (No. .... 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 John Henry Jones 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? ..... (7) DATE OF BIRTH Aug 28 1916  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Will Jones  
 (9) PRESENT POSTOFFICE OF FATHER State S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY (Years) 24  
 (12) BIRTHPLACE

MOTHER.  
 (14) NAME BEFORE MARRIAGE Lula Walker  
 (15) PRESENT POSTOFFICE OF MOTHER State S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY (Years) 22  
 (18) BIRTHPLACE at home

(13) OCCUPATION

(19) OCCUPATION

(20) Number of children born to mother, including present birth three(21) Number of children of this mother now living, including present birth three

## 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) J. Allen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 3 1916

(28)

Registrar

Local Registrar

\*When there was no attending physician or midwife, then the father, household, 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.