

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

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of Savannah  
 or  
 Inc. Town of ..... Registration District No. 31 ..... Registered No. 5-9  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
71311

(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 1926  
To be answered only in case of Twins or Triplets. (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 24 (Years)  
 (12) BIRTHPLACE .....  
 (13) OCCUPATION .....

**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 22 (Years)  
 (18) BIRTHPLACE at home  
 (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  
 ....., 191.....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 3 1916 (28) J. A. Jones 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.

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 8.  
 McGraw-Hill of Columbia