

Form No. 1.

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Corumbiaor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1303Registered No. 1

(For use of Local Registrar)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49371

(2) Full Name of Child Jane

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

(3) BOY OR  
GIRL? Girl(4) Twin  
or Triplet? No(5) Number in  
order of birth 1

To be answered only in case of Twins or Triplets

(6) Are  
Parents  
Married? No(7) DATE OF  
BIRTH Feb. 24, 1906

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Ed. W. Jones(9) PRESENT  
POSTOFFICE  
OF FATHER Greenville, S.C.(10) COLOR  
OR  
RACE Black(11) AGE AT LAST  
BIRTHDAY 22

(Years)

(12) BIRTHPLACE Greenville, S.C.(13) OCCUPATION Farmer(20) Number of children born to  
mother, including present birth 1

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Cornelia Jones(15) PRESENT  
POSTOFFICE  
OF MOTHER Greenville, S.C.(16) COLOR  
OR  
RACE Black(17) AGE AT LAST  
BIRTHDAY 19

(Years)

(18) BIRTHPLACE Greenville, S.C.(19) OCCUPATION Home Land(21) Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Cornelia H. Jones  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville, S.C. Rank 5Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 22 is signed by mark)(27) Filed Feb. 24, 1906(28) J. H. Jones 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.

MARGIN RESERVED FOR INDEXING.  
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.