

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town of Shandon

City of

(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

70089

Registration District No. 38a Registered No. 38a ¹²⁸³

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>B</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6</u> <u>11</u> <u>1916</u> <small>(Name of Month) (Day) (Year)</small>
---------------------------	-------------------------------	-----------------------------------------------------------------------------------------------------------	-------------------------------------	-------------------------------------------------------------------------------------------------

FATHER.		MOTHER.	
(8) FULL NAME <u>Clarence Jones</u>	(14) NAME BEFORE MARRIAGE <u>Grace Duncan</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Cala SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cala SC</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Cala SC</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>R.R. Gas Plant</u>	(19) OCCUPATION <u>H. W.</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>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 4:20 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. D. Jones(24) State whether Physician or Midwife (25) Address of Physician or Midwife Cala. SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/11/16(28) 1916

(29)

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.

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.

WHEN THIS BLANKET IS USED IN CONNECTION WITH THE STATE BOARD OF HEALTH, THE REGISTRAR MUST BE ADVISED OF THE FACT THAT THIS IS A SUPPLEMENTAL REPORT, AND MUST BE FILED WITH THE ORIGINAL REPORT, AND MUST BE FILED WITH THE ORIGINAL REPORT, AND MUST BE FILED WITH THE ORIGINAL REPORT.

WHEN THIS BLANKET IS USED IN CONNECTION WITH THE STATE BOARD OF HEALTH, THE REGISTRAR MUST BE ADVISED OF THE FACT THAT THIS IS A SUPPLEMENTAL REPORT, AND MUST BE FILED WITH THE ORIGINAL REPORT, AND MUST BE FILED WITH THE ORIGINAL REPORT.