

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town of Shandon

or
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

Registered No. 38a¹²⁸³
(For use of Local Registrar)

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

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

FATHER.
(8) FULL NAME Clare Jones
(9) PRESENT POSTOFFICE OF FATHER Calhoun St
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION R.R. Gas Plant
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Grace Duncan
(15) PRESENT POSTOFFICE OF MOTHER Calhoun St
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION H. W.
(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 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
MD Calhoun, SC

Given name added from a supplemental report
..... 191.....
.....
Registrar

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

(27) Filed 7/11/16 (28) Clare M. Jones 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.

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WHILE IN THE OFFICE OF THE REGISTRAR, THE FATHER OF THE CHILD MUST SIGN THIS CERTIFICATE. 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.