

(1) PLACE OF BIRTH

County of SpartanburgTownship of Campbells scor
Inc. Town ofor
City of

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

(2) Full Name of Child Chorner L. Jones(3) BOY OR GIRL? Boy(4) Twin or Triplet? —
To be answered only in event of twins or triplets(5) Number in order of birth —(6) Are Parents Married? yes(7) DATE OF BIRTH Aug 8 1916
(Name of Month) (Day) (Year)(8) FULL NAME Samuel Major Jones(9) PRESENT POSTOFFICE OF FATHER Campbells sc(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Pickens Co(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 2(15) NAME BEFORE MARRIAGE Blanche Walden(16) PRESENT POSTOFFICE OF MOTHER Campbells sc(17) COLOR OR RACE white(18) AGE AT LAST BIRTHDAY 19 (Years)(19) BIRTHPLACE Cherokee Co.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Ch. H. Jones(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Campbells sc

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

(27) Filed Aug 10 1916(28) C. L. [Signature] 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.

fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

74724

Registration District No. 4001-a Registered No. 56
(For use of Local Registrar)

St.; Ward)

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

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