

(1) PLACE OF BIRTH

County of Spartanburg
Township of Compabells sc

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)
City of _____ (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Chorner LeRoy 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? yes (7) DATE OF BIRTH Aug 8, 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Samuel Major Jones
(9) PRESENT POSTOFFICE OF FATHER Compabells sc
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Pickers Co
(13) OCCUPATION farmer
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Blanche Walden
(15) PRESENT POSTOFFICE OF MOTHER Compabells sc
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Cherokee Co.
(19) 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) C. L. [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Compabells sc

Given name added from a supplemental report
_____, 1916

Registrar

(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.