

Form No. 1.

(1) PLACE OF BIRTH

County of Jefferson

Township of 12

Inc. Town of

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

Registration District No. 194

Registered No. 50  
(For use of Local Registrar)

St. Ward

(2) Full Name of Child J. C. 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 1

(6) Are Parents Married? No

(7) DATE OF BIRTH Aug 30  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Don't Know

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 21  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Malizie Nelson

(15) PRESENT POSTOFFICE OF MOTHER Winnsboro

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 21  
(Years)

(18) BIRTHPLACE Winnsboro, S.C. Fairfield

(19) OCCUPATION Labour

(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 12 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Walter Gladney

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Winnsboro

(26) Witness Walter Gladney

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

(27) Filed Aug 9 1915

(28) R. Aiken Registrar

Given name added from a supplementary report

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Registrar

When there was no attending physician or midwife, then the father, householder, etc., should report the birth. If a child breathes even once, it must not be reported as stillborn. A report is desired at stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING.  
WHITE 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.