

Form No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of Williamstonor
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 Mary Jones

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

(3) SEX OF CHILD Girl (4) Type or Triple No (5) Number in order of birth No (6) DATE OF BIRTH Jan. 25, 1913
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Smith(9) PRESENT RESIDENCE OF FATHER Williamston, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Williamston, S.C.(13) OCCUPATION Tenant(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ola Jones(15) PRESENT RESIDENCE OF MOTHER Williamston, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Williamston, S.C.(19) OCCUPATION Farm Hand(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (When alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Nettie X. Colbert
(23) State whether Physician or Midwife Midwife Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness Lillian Russell
(Signature of Witness necessary only when question 23 is signed by mark)(25) Filed 2-19-1913 (26) Lillian Russell
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.