

Form No. 1.

## (1) PLACE OF BIRTH

County of

Marlboro

Township of

Harrisville

Inc. Town of

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

78225

Registration District No.

2300

Registered No.

77

(For use of Local Registrar)

St. Ward

## (2) Full Name of Child

Annie May Jones

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug. 9, 1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Jesse Jones

(9) PRESENT POSTOFFICE OF FATHER

McColl, S. C. R#1

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Scotland Co. N. C.

(13) OCCUPATION

Farm Laborer

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Pearl Gilles Jones

(15) PRESENT POSTOFFICE OF MOTHER

McColl S. C. R#1

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Scotland Co. N. C.

(19) OCCUPATION

Farm Laborer

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

L. S. Thomas

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

McColl S. C. R#1

Given name added from a supplemental report

191

Registrar

(26) Witness

H. B. Fletcher

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

(27) Filed

Sept. 10, 1916

(28)

H. B. Fletcher

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.

MARGIN RESERVED FOR BINDING.  
WRITE 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.