

FORM NO. 1.

(1) PLACE OF BIRTH

County of GreenvilleTownship of St. Jamesor
Inc. Town ofor
City ofRegistration District No. 101 Registered No. 15570
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Lucy Mae Jones

File No.—For State Registrar Only

48130

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

(3) BOY OR GIRL?	(4) Twin or Triplet? <u>1</u> <small>Take answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>February 12, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>John D. Jones</u>			(14) NAME BEFORE MARRIAGE <u>Mary Jane Lawrence</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE			(18) BIRTHPLACE	
(13) OCCUPATION			(19) OCCUPATION	
(20) Number of children born to mother, including present birth <u>1.5</u>			(21) Number of children of this mother now living, including present birth <u>1.6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Summerville on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife SummervilleGiven name added from a supplement-
tal report

, 191.

Registrar

(26) Witness W. M. Jones
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb 18, 1916 (28) R. P. Harrison
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. E.—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.
McCauley, of Columbia