

USE A PERMANENT ADDRESS
 IN CASE OF TURNS OR COMPLETS USE A SEPARATE BLANK FOR EACH CHILD. See next the
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1

(1) PLACE OF BIRTH

County of Union
 Township of Jonesville
 or
 Inc. Town of
 or
 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 Robert James Harry (If child is not yet named, make supplemental report as directed)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 1a.—For State Registrar Only
26519

Registration District No. 4204 Registered No. 440
 (For use of Local Registrar)

(3) BOY OR GIRL	(4) Sex of Infant	(5) Number in order of birth	(6) Age of Parent	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets			(Name of month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Wm. T. Harry</u>			(14) NAME BEFORE MARRIAGE <u>Robert Jones</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Jonesville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Jonesville</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>49</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>89</u>	
(12) BIRTHPLACE <u>W. Va.</u>		(18) BIRTHPLACE <u>W. Va.</u>		
(13) OCCUPATION <u>Conductor</u>		(19) OCCUPATION <u>W. Va.</u>		
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>19</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) Since whether Physician or Midwife Physician (25) Address of Physician or Midwife 108 P. M.

Given name added from a supplemental report

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

(27) Signed 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.

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