

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 8.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County *Laurus*Township of *Hamlet*Inc. Town of *Mountain*City of *No.*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Ruth Jones

File No.—For State Registrar Only

35237

Registration District No. *7407*Registered No. *107*

(For use of Local Registrar)

St.; Ward

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

(3) SEX OR CHILD <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Oct 7 1912</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Fizzie Jones*(9) PRESENT POSTOFFICE OF FATHER *Mountain*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *38* (Years)(12) BIRTHPLACE *Laurus Co*(13) OCCUPATION *Iron*(20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Emma Coleman*(15) PRESENT POSTOFFICE OF MOTHER *Mountain*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *35* (Years)(18) BIRTHPLACE *Laurus Co*(19) OCCUPATION *Iron*(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *2 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Albert Fuller*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Mountain*

Given name added from a supplemental report

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

(27) Filed *Oct 10 1912* (28) *B. C. Fuller* 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.