

Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

18644

(1) PLACE OF BIRTH

County of LexingtonTownship of Highland

or

Inc. Town of

or

City of

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

Registration District No. 2211Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child William Jones

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No

(5) Number in order of birth

To be answered only in event of Twin or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH February 27

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George H. Jones(9) PRESENT POSTOFFICE OF FATHER Taylor(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36

(Years)

(12) BIRTHPLACE S. C.(13) OCCUPATION Banning(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Nannie Taylor(15) PRESENT POSTOFFICE OF MOTHER Taylor(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 34

(Years)

(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Highway

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Feb 28 1911

(28)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.
 State of Columbia.