

(1) PLACE OF BIRTH  
County of *Colleton*  
Township of *Warren*  
or  
Inc. Town of  
or  
City of

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

File No.—For State Registrar Only  
**45942**

Registration District No. *1410* Registered No. *8*  
(For use of Local Registrar)

(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 *Earl Franklin 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 *7* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan 22* 191*6*  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME *Franklin Jones*  
(9) PRESENT POSTOFFICE OF FATHER *Williams & C*  
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *38* (Years)  
(12) BIRTHPLACE *Williams & C*  
(13) OCCUPATION *Farming*  
(20) Number of children born to mother, including present birth *7*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Anna Quinn*  
(15) PRESENT POSTOFFICE OF MOTHER *Williams & C*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *34* (Years)  
(18) BIRTHPLACE *Williams & C*  
(19) OCCUPATION *Farming*  
(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 *alive* at *5* P.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) *Mrs. Anna Warren Williams S.C.*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
*Midwife Williams*

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *Jan 4* 191*6* (28) *Anna O. Lee* 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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