

FORM NO. 5  
 MARRIAGES REGISTERED: EARLY BINDING.  
 WRITING 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 5.  
 McCraw, of Columbia

(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 1916  
 (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 Midwife (25) Address of Physician or 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 1916 (28) Anna Warren Williams 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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