

MARGIN RESERVED FOR BINDING.  
 WRITE 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.

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

File No.—For State Registrar Only  
 77554

(1) PLACE OF BIRTH  
 County of Harlem  
 Township of High Cliff  
 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.)

Registration District No. 25-93 Registered No. 23  
 (For use of Local Registrar)

(2) Full Name of Child Paul B. 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 28 1916  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Geo H. Jones  
 (9) PRESENT POSTOFFICE OF FATHER Yellowknife Ferry SC  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 60  
 (Years)  
 (12) BIRTHPLACE Harlem Co SC  
 (13) OCCUPATION Hammering  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Charlotte Todd  
 (15) PRESENT POSTOFFICE OF MOTHER Yellowknife Ferry SC  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25  
 (Years)  
 (18) BIRTHPLACE Harlem Co SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Chapman  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Yellowknife Ferry SC  
 (20) Witness Geo M. Burgess  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filled 10/5 19 16 (28) Thomas Jones  
 Registrar 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.

McRAW OF COLUMBIA, COLUMBIA, S. C.