

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.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of Greenville  
Township of Chick Springsor  
Inc. Town of .....or  
City of .....(2) Full Name of Child Willie May Jones

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72935

Registration District No. 2204 Registered No. 79  
(For use of Local Registrar)City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 19, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Luther P. Jones

(9) PRESENT POSTOFFICE OF FATHER Greenville R.T.D. #5

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Greenville County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 3 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Myra Jones

(15) PRESENT POSTOFFICE OF MOTHER Greenville R.T.D. #5

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Pickens County

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth { 3 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at ..... P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. McDaniel  
(24) State whether Physician or Midwife (25) Address of Physician or MidwifePhysician Taylor, S.C.

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 9/8 ..... 1916. (28) W. F. Green 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.