

## (1) PLACE OF BIRTH

County of MailboxTownship of Bennettsville

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3301

File No. — For State Registrar Only

15927

Registered No. 46  
(For use of Local Registrar)(2) Full Name of Child Anna Jones

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

May 3, 1927  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Alie Jones

(9) PRESENT POSTOFFICE OF FATHER

Bennettsville S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

24  
(Years)

(12) BIRTHPLACE

Bennettsville S.C.

(13) OCCUPATION

Farming

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lulla Manning

(15) PRESENT POSTOFFICE OF MOTHER

Bennettsville S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

27  
(Years)

(18) BIRTHPLACE

Bennettsville S.C.

(19) OCCUPATION

Farming

(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 Full at 4 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lulla Manning

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeBennettsville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date

May 12, 1927

(28)

M. M. Pate

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.