

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

(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

File No.—For State Registrar Only

85744

Registered No. 476

(For use of Local Registrar)

(2) Full Name of Child Jay Jones

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>✓</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 10 1916</u> <small>(Name of Month) (Day) (Year)</small>
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(8) FULL NAME <u>W. H. Jones</u>		(14) NAME BEFORE MARRIAGE <u>Virginia Rainey</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Carpenter</u>		(19) OCCUPATION <u>Home</u>	
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at C. 44 A. on the date above stated. alive or stillborn (Hour A. M. or P. M.)(23) (Signature) J. H. Clark(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 5 1916(28) C. E. Smith
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.

MARGIN RESERVED FOR READING.
 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.