

Form No. 1

(1) PLACE OF BIRTH
County of Greenville
Township of
or
Inc. Town of
or
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

Registration District No. 22 A Registered No. 476
(For use of Local Registrar)
Northwood St.; Ward)

(2) Full Name of Child Tay 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 case of Twins or Triplets</small>	(6) Are Parents Married? <u>32</u>	(7) DATE OF BIRTH <u>Nov 10 1916</u> (Name of Month) (Day) (Year)
(8) FULL NAME OF FATHER <u>W. H. Jones</u>		(14) NAME BEFORE MARRIAGE <u>Virginia Rainey</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(18) BIRTHPLACE <u>S.C.</u>
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Carpenter</u>	(19) OCCUPATION <u>Home</u>	(21) Number of children of this mother now living, including present birth <u>2</u>	
(20) Number of children born to mother, 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 6:45 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. H. Clark

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville 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 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.