

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.
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 York
Township of Blood River
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.)

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

File No.—For State Registrar Only
75217

Registration District No. 4407 Registered No. 45
(For use of Local Registrar)

(2) Full Name of Child Sam Jonison { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 18 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Charlie Jonison
(9) PRESENT POSTOFFICE OF FATHER Dickson Grove
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE York Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Annie Jonison
(15) PRESENT POSTOFFICE OF MOTHER Dickson Grove
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE York Co
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:00 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hetsie Morgan
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dickson Grove

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
(27) Date Aug 21 1916 (28) [Signature] 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.