

Form No. 1.

(1) PLACE OF BIRTH **Bartington** **CERTIFICATE OF BIRTH**  
 County of **Swain** **STATE OF SOUTH CAROLINA.**  
 Township of **Swain** **Bureau of Vital Statistics**  
**State Board of Health**

File No.—For State Registrar Only  
**46021**

Inc. Town of ..... Registration District No. **1511** Registered No. ....  
 or ..... (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.)

(2) Full Name of Child **Ernest Lineland Jones** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Boy** (4) Twin **Yes** (5) Number in order of birth **8** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Jan 20 6**  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

(8) FULL NAME **FATHER** **Wm Arthur Jones**

(14) NAME BEFORE MARRIAGE **MOTHER** **Rebecca Jamie Flowers**

(9) PRESENT POSTOFFICE OF FATHER **Hartsville**

(15) PRESENT POSTOFFICE OF MOTHER **Hartsville**

(10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **37** (Years)

(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **24** (Years)

(12) BIRTHPLACE **S.C.**

(18) BIRTHPLACE **S.C.**

(13) OCCUPATION **Farmer**

(19) OCCUPATION **Housewife**

(20) Number of children born to mother, including present birth **8**

(21) Number of children of this mother now living, including present birth **51**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born **17** **1906** at the date above stated.

(23) (Signature) **[Signature]** (24) State and County **Swain S.C.** (25) Address of Physician or Midwife **Hartsville**

Given under my hand and seal of office at the date above stated.

(26) Witness (Signature of Witness necessary only when question 22 is signed by parent) **Jan 20 6** **[Signature]** Local Registrar

The mother, father, or other person in authority over the child, should make this return if a child is born alive, or if a child is not born alive, but is carried or stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING.  
 THIS PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.