

(1) PLACE OF BIRTH

County of Forruce
 Township of Forruce

or
 Inc. Town of

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

85600

Registration District No. 7728 Registered No. 187
 (For use of Local Registrar)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child William Jones }
 (3) BOY OR GIRL? by (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? No (7) DATE OF BIRTH Oct 16
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Kunn

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Litha Jones

(15) PRESENT POSTOFFICE OF MOTHER Palmetto

(16) COLOR OR RACE Cae (17) AGE AT LAST BIRTHDAY (Years) 20

(18) BIRTHPLACE Forruce Co

(19) OCCUPATION Farm Land

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9 P M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Garth Clark

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

Midwife Forruce

Given name added from a supplemental report

(26) Witness W. H. L. (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 191 (28) W. H. L. 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 fourth month of pregnancy.

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.

McGraw-Hill of Columbia