

(1) PLACE OF BIRTH

County of AndersonTownship of Hallor
Inc. Town ofor
City of

(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

71271

Registration District No. 306 Registered No. 106

(For use of Local Registrar)

(2) Full Name of Child William Lee Jones

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

(3) BOY OR GIRL?

(4) Twin or Triplet? ✓(5) Number in order of birth ✓

To be answered only in event of Twins or Triplets

(6) Are Parents Married? ✓

(7) DATE OF BIRTH

Aug. 12, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Wesley Jones

(9) PRESENT POSTOFFICE OF FATHER

Law S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

48

(Years)

(12) BIRTHPLACE

Abbeville Co

(13) OCCUPATION

Farmers

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Edna Bryant

(15) PRESENT POSTOFFICE OF MOTHER

Law S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

37

(Years)

(18) BIRTHPLACE

Anderson Co.

(19) OCCUPATION

House wife

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 10 35 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. H. B. ...

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

Law 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

Aug 12

1916

(28)

S. M. McAdams

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.

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