

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville
 Township of Clinton
 or
 Inc. Town of.....
 or
 City of

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

File No. — For State Registrar Only
90018

Registration District No. 2200 Registered No. 128
 (For use of Local Registrar)

(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 Mary Jane Jones (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 26 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Perry Jones
 (9) PRESENT POSTOFFICE OF FATHER Greenville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
 (Years)
 (12) BIRTHPLACE Laurens Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Boyd
 (15) PRESENT POSTOFFICE OF MOTHER Greenville
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 38
 (Years)
 (18) BIRTHPLACE Laurens Co
 (19) OCCUPATION House Work
 (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 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) M. C. Smith
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 8 1917 (28) L. Richardson 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.