

Form No. 1

## (1) PLACE OF BIRTH

County of Horry  
 Township of Flores  
 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

41045

Registration District No. 2508 Registered No. 141  
 (For use of Local Registrar)

(2) Full Name of Child Robert Lee (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)  
 If child is not yet named, make supplemental report as directed

1) BOY OR GIRL <u>Boy</u>	2) Twin or Triplet To be answered only in case of Twin or Triplet	3) Number in order of birth	4) Are Parents Married <u>Yes</u>	5) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Dec. 10, 1915</u>
FATHER.			MOTHER.	
6) FULL NAME <u>John Sherman Jones</u>			14) NAME BEFORE MARRIAGE <u>Ida J. Harrison</u>	
7) PRESENT POSTOFFICE OF FATHER <u>Fair Bluff</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Fair Bluff</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY (Year) <u>36</u>
11) AGE AT LAST BIRTHDAY (Year) <u>36</u>			18) BIRTHPLACE <u>Florida</u>	
12) BIRTHPLACE <u>Florida</u>			19) OCCUPATION <u>Farmer</u>	
13) OCCUPATION <u>Farmer</u>			20) Number of children of this mother now living, including present birth <u>10</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Date A. M. or P. M.)  
 on the date above stated.  
 (23) (Signature) Dr. J. L. Jones  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
Fair Bluff

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

(28)

Local Registrar

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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 needed of stillbirths before the fifth month of pregnancy.

U. S. - In case of twins or triplets use a SEPARATE FILE NO. 2, etc., in question 2 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3