

WHEN PLAINLY, WITH UNPAID INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 McCaw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>Greenwich</u> Township of <u>Greenwich</u> or Inc. Town of <u>Summit</u> or City of <u>Summit</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>52413</b>
		Registration District No. <u>2209</u>	Registered No. <u>114</u> (For use of Local Registrar)	
(2) Full Name of Child		(No. <u>22 Allen St.</u> St.: <u>      </u> Ward: <u>      </u> ) { If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Mar 7</u> 19 <u>42</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>Cloude H. Jones</u> (9) PRESENT POSTOFFICE OF FATHER <u>22 Allen</u> (10) COLOR OR RACE <u>W</u> (11) AGE AT LAST BIRTHDAY <u>35</u> (12) BIRTHPLACE <u>GA</u> (13) OCCUPATION <u>Mill work</u> (20) Number of children born to mother, including present birth <u>6</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Emma Burdette</u> (15) PRESENT POSTOFFICE OF MOTHER <u>22 Allen</u> (16) COLOR OR RACE <u>W</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (18) BIRTHPLACE <u>GA</u> (19) OCCUPATION <u>housewife</u> (21) Number of children of this mother now living, including present birth <u>9</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>[Signature]</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Summit</u> (26) Witness <u>[Signature]</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>      </u> 191 <u>4</u> (28) <u>      </u> Local Registrar.				
Given name added from a supplemental report _____, 191 <u>4</u> _____ _____ 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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