Form No 1.

(1) PLACE OF BIRTH

County of Laurens

Township of Hunter

or

Inc. Town of .....

or

City of Clinton (No. N. Carolina St.; H. 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
52790

Registration District No. 293 Registered No. 15
(For use of Local Registrar)

(2) Full Name of Child Mary Jones

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

(3) BOY OR GIRL?	(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
girl			yes	June 6 1916

FATHER.

(8) FULL NAME John Jones

(9) PRESENT POSTOFFICE OF FATHER Clinton S C

(10) COLOR OR RACE Blk

(11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE S C don't know

(13) OCCUPATION Carpenter

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Katy Hunter

(15) PRESENT POSTOFFICE OF MOTHER Clinton S C

(16) COLOR OR RACE Blk

(17) AGE AT LAST BIRTHDAY 39 (Years)

(18) BIRTHPLACE S C.

(19) OCCUPATION Wash woman

(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 6 P M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen J. Parks

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Clinton S C

Given name added from a supplemental report

....., 191....

.....
Registrar

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

(27) Filed March 11 1916. (28) J. L. W. Bailey
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the word "TWIN" or "TRIPLET" after the NUMBER in the family.

PENALTY.—Any person who shall wilfully make a false statement in regard to any of the particulars required by this act to be recorded, or who shall refuse to give information concerning the same when in his power to do so, shall be guilty of a misdemeanor, and shall be punished by a fine not exceeding one hundred dollars, or by imprisonment not exceeding thirty days, or both, at the discretion of the court. (Section 1, Act No. 252, Acts of 1915.)

FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 5.