

(1) PLACE OF BIRTH

County of herculesTownship of Jamesvilleor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. — FOR STATE REGISTRAR ONLY

48487

Registration District No. 1002 Registered No. 24

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Harland Glen Jones If child is not yet named, make supplemental report as directed(1) BOY OR GIRL Boy (4) Twin or Triplet XX (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 7 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Langston Jones</u>	(14) NAME BEFORE MARRIAGE <u>John Jones</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Rocky Co</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Rocky Co</u>
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Cherokee Co</u>	(18) BIRTHPLACE <u>Cherokee Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Rocky Co on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. J. Pritchard(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rocky Co

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 7 1916 (28) H. J. Pritchard 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.

When a child is born dead, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.