

Form No. 1

(1) PLACE OF BIRTH

County of AlbionTownship of Laurens

or

Inc. Town of

or

City of

(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

50890

Registration District No. 108Registered No. 24

(For use of Local Registrar)

(2) Full Name of Child Cora D. Jones

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 27</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Dan Hall(9) PRESENT POSTOFFICE OF FATHER Laurens, S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Albion, Co.(13) OCCUPATION Laborer(14) NAME BEFORE MARRIAGE Laurens(15) PRESENT POSTOFFICE OF MOTHER Laurens, S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE Laurens, S.C.(19) OCCUPATION Farmhand(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Laurens, S.C. on the date above stated. 9 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. S. Lawrence M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Laurens, S.C.

Given name added from a supplemental report

(26) Witness J. M. Buckner

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

(27) Filed April 31916

(28)

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.