

(1) PLACE OF BIRTH

County of LancasterTownship of Green Creek

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

43197

Registration District No. 2804Registered No. 238

(For use of Local Registrar)

(2) Full Name of Child. George Jones

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

David G. Jones

(9) PRESENT POSTOFFICE OF FATHER

Lancaster Route #5

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

44 (Years)

(12) BIRTHPLACE

Lancaster Co

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Crockett

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster #5

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

35 (Years)

(18) BIRTHPLACE

Lancaster Co

(19) OCCUPATION

Farmer

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elna Shadford

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness

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

(27) Filed Dec 9 1913(28) J. I. T. Thomas 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.

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