

Form No. 1

(1) PLACE OF BIRTH

County of CalhounTownship of Ameliaor  
Inc. Town of .....

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

63303

Registration District No. 200 Registered No. 85

(For use of Local Registrar)

(2) Full Name of Child Lila 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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 20, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Henry Jones(9) PRESENT POSTOFFICE OF FATHER St. Matthews(10) COLOR OR RACE N.Y.D (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Leah Green(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE N.Y.D (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. M. X. Green(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

191.....

Registrar

(26) Witness M. M. X. Green  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 1, 1916 (28) M. M. X. Green  
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 first month of pregnancy.

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