

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.

(1) PLACE OF BIRTH

County of Lexington

Township of Bull Swamp

or Town of Swansea

City of Swansea

(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

46834

Registration District No. 3102 Registered No. 8

(For use of Local Registrar)

(2) Full Name of Child Robert Jones

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1 25 6

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Mark S Jones

(14) NAME BEFORE MARRIAGE Richard E. Bollen

(9) PRESENT POSTOFFICE OF FATHER Swansea, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Swansea S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Asheville N.C.

(18) BIRTHPLACE Warnerville Ga

(13) OCCUPATION Barber

(19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mrs. M. K. Brogden (24) State whether Physician or Midwife Graduate Nurse (25) Address of Physician or Midwife

Given name added from a supplemental report

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

June 29 1916
Chas. W. Miller
Registrar

(27) Filed July 3 1916 (28) J. R. Jamison
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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