

(1) PLACE OF BIRTH

County of Cherokee

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

88882

Township of

or
Inc. Town ofRegistration District No. 10aRegistered No. 196
(For use of Local Registrar)City of Gaffney

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

(2) Full Name of Child Carle Edward Jones { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH 12 28 1916
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Carle E Jones(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE A.C.(13) OCCUPATION mill(20) Number of children born to mother, including present birth { 1MOTHER.
(14) NAME BEFORE MARRIAGE Retta Knight(15) PRESENT POSTOFFICE OF MOTHER same(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION —(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 alive at 840 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) R. L. Ferguson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

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

(27) Filled 12/29/16 (28) W. F. Smith 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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N. E.—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.

N. C.—If of Columbia.