

MARGIN RESERVED FOR BINDING.  
 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.

(1) PLACE OF BIRTH  
 County of Spartanburg  
 Township of Woodruff  
 or  
 Inc. Town of .....

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**83573**

Registration District No. 4009 Registered No. 138  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George Jones { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 25 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Allen B Jones</u>	(14) NAME BEFORE MARRIAGE <u>Mary Wilson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Woodruff Route 1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Woodruff Route 1</u>	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(12) BIRTHPLACE <u>Laurens Co</u>	(18) BIRTHPLACE <u>Laurens County</u>	(19) OCCUPATION <u>Domestic</u>	(20) Number of children born to mother, including present birth <u>10</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>	(21) Number of children of this mother now living, including present birth <u>10</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Jones  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Woodruff S.C. 21

Given name added from a supplemental report  
 ..... 19 .....

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

(27) Filed Nov 9 1916 (28) Chas L Boyter 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.

McGraw-Hill, Columbia, S. C.