

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 .....  
or  
City 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)

(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? <u>To be answered only in event of Twins or Triplets</u>	(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)
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FATHER.			MOTHER.		
(8) FULL NAME <u>Allen B Jones</u>	(14) NAME BEFORE MARRIAGE <u>Mary Wilson</u>		(15) PRESENT POSTOFFICE OF FATHER <u>Woodruff Route 1</u>	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Woodruff Route 1</u>	(18) BIRTHPLACE <u>Laurens Co</u>		(19) OCCUPATION <u>Farmer</u>	(20) Number of children of this mother now living, including present birth <u>10</u>	
(10) COLOR OR RACE <u>Col</u>	(21) Number of children of this mother now living, including present birth <u>10</u>				
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)					
(12) BIRTHPLACE <u>Laurens Co</u>					
(13) OCCUPATION <u>Farmer</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) <u>Nancy Jones</u>	(25) Address of Physician or Midwife <u>Woodruff S.C. 21</u>
(24) State whether Physician or Midwife <u>Midwife</u>	

Given name added from a supplemental report	(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)
..... 19 .....	(27) Filed <u>Nov 9 1916</u> (28) <u>Chas L Boyter</u> Registrar 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.