

MARGIN RESERVED FOR BINDING.  
 WRITED PLAINLY, WITH EXPANDING 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 Charlotte  
 Township of Redville

or  
 Inc. Town of

or  
 City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

44672

Registration District No. 4007

Registered No. 139

(For use of Local Registrar)

(2) Full Name of Child Mary Evelyn

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 1st

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept. 17, 1916  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jerome Jones

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(10) COLOR OR RACE Caucasian

(11) AGE AT LAST BIRTHDAY 22  
 (Years)

(12) BIRTHPLACE Greenville S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE May Belle Jones

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

(16) COLOR OR RACE Caucasian

(17) AGE AT LAST BIRTHDAY 21  
 (Years)

(18) BIRTHPLACE near Woodruff S.C.

(19) OCCUPATION Housekeeping

(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 9 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. H. McCall

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Redville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov. 8, 1916

(28) W. H. McCall 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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J. L. Perry

Greer, South Carolina

TO whome it may concern, this is to correct the errors in the Child Certificate of Birth, Records, in the State Board of Health, Bureau of Vital Statistics, State of South Carolina, Child of William Dennie Jones, and Bessie Macbell, (Leopard) Jones, the corrections are as follows; File No. 44672, Registration District No. 4007, Registered No. 139, Question No. 2, Full Name of Child, should be as, Mizzie Evelyn Jones, Question No. 8, Father Full Name, William Dennie Jones, Question No. 12, Birthplace of Father, Pelham, South Carolina, Question No. 14, Mother Name before marriage, Bessie Macbell Leopard,

Subscribed and duly sworn to before me according to the law of the State of South Carolina, this, 31st. day of, May, 1941 at City of, Greer, County of, Greenville, State of, South Carolina

Signature of Father, William Dennie Jones

Signature of Mother, Bessie Macbell Jones

Signature of Officer, R. Bennett

Official Title, Notary Public, South Carolina,

Official Seal,