

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
74050

(1) PLACE OF BIRTH
County of *Newberry*
Township of *# 9*
or
Inc. Town of
or
City of

Registration District No. *3400* Registered No. *80*
(For use of Local Registrar)
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... *Amos Jones* ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>To be answered only in event of Twins or Triplets</i>	(6) Are Parents Married? <i>yy</i>	(7) DATE OF BIRTH <i>August 23, 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Raymon Jones*

(9) PRESENT POSTOFFICE OF FATHER *Presperity SC*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *24*
(Years)

(12) BIRTHPLACE *Newberry ed*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth { *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Heicie Gallman*

(15) PRESENT POSTOFFICE OF MOTHER *Presperity SC*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *25*
(Years)

(18) BIRTHPLACE *Newberry ed*

(19) OCCUPATION *Housewife*

(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 *4:30 a. M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Hanna T. Gahmster*
(24) State whether Physician or Midwife *Midwife* Address of Physician or Midwife *Presperity SC*

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness *W. T. Gibson*
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Sept. 2, 1916* (28) *W. T. Gibson*
Local Registrar.

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. McCay, of Columbia.

*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.