

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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York.....

Township of

or

Inc. Town of Rock Hill.....

or

City of Rock Hill.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75195

Registration District No. 44BRegistered No. 147
(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 Eltis Franklin Jones

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

(3) BOY OR GIRL—

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Aug 27....., 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walker Jones

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

2 1/4.....
(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Plumber

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

One

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Rock Hill S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

1 1/2.....
(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

House work

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Aug 27/16..... at: 8... P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ray D. Sumner M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Rock Hill 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 9/9/16..... 1916 (28) J. 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.