

K O D A K

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

File No. - For State Registrar Only
86022

(1) PLACE OF BIRTH
County of Waxy
Township of
OR
Inc. Town of Conway S.C. Registration District No. 25A Registered No. 48
OR
City of (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 29, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME A. R. Jones
(9) PRESENT POSTOFFICE OF FATHER Conway S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
(12) BIRTHPLACE Conway S.C.
(13) OCCUPATION Bricklayer
(20) Number of children born to mother, including present birth not reported

MOTHER.
(14) NAME BEFORE MARRIAGE Annie Johnson
(15) PRESENT POSTOFFICE OF MOTHER Conway S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
(18) BIRTHPLACE Conway S.C.
(19) OCCUPATION at home
(21) Number of children of this mother now living, including present birth not reported

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was... not reported M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dallis Powell
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Conway S.C.

Given name added from a supplemental report
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..... 19 .. Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Nov-27-16 (28) A. D. Spivey 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.

M.D. - IN CASE OF TWINS OR TRIPLETS USE 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.