

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA.		43060	
Township of <u>Sumter</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Sumter</u>		Registration District No. <u>2</u>		Registered No. <u>4</u>	
City of <u>Sumter</u>		(No. <u>52-2nd</u>)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution give name of same instead of street and number.)				(City, State, and Ward)	
(2) Full Name of Child <u>Barbara Jones</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 5</u>	
FATHER.		MOTHER.			
(8) FULL NAME <u>Charles Jones</u>	(14) NAME BEFORE MARRIAGE <u>Nettie Holloman</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>52-2nd Woodville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Woodville</u>				
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>		
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>				
(13) OCCUPATION <u>Barber</u>	(19) OCCUPATION <u>housework</u>				
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born this 10</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. J. Little</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report					
<u>9/10 1916</u>					
<u>Chonillet</u>					
<u>Super</u>					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>1916</u> (28) 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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