CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
16542

(1) PLACE OF BIRTH
County of Oconee
Township of Seneca
or
Inc. Town of ..... Registration District No. 3504 Registered No. 38 (For use of Local Registrar)
or
City of Seneca (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 Lois 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?	(7) DATE OF BIRTH Apr. 6, 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Jones
(9) PRESENT POSTOFFICE OF FATHER Seneca, S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Habersham Co. Ga.
(13) OCCUPATION Mill operative
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Gillispie
(15) PRESENT POSTOFFICE OF MOTHER Seneca S. C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Anderson Co. S. C.
(19) OCCUPATION None
(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 (Born alive or stillborn) at 5-45 P. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. Lynch Smith M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

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

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

(27) Filed May 1915 (28) J. E. Hopkins 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.

Registrar (27) Filed ..... 191.... (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.

FORM No. 2.
MARGIN TRIMMED ON THIS LINE.
WITH PLAINLY, WITH UNFADING INK—THIS IS A TRIMMING GUIDE 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.
McCray, of Columbia.