

WRITE PLAINLY, WITH 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 8.

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

File No.—For State Registrar Only  
**26609**

(1) PLACE OF BIRTH  
County of Sumter  
Township of Calhoun  
or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 43 Registered No. 25  
(For use of Local Registrar)

(2) Full Name of Child Freddie Bernice Jones  
Child in case of stillborn make supplemental report as directed

(3) <input checked="" type="checkbox"/> BOY OR GIRL	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>5</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Feb 1 1923</u>
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<b>FATHER</b>		<b>MOTHER</b>	
(8) FULL NAME <u>Robert M. Jones</u>	(10) NAME BEFORE MARRIAGE <u>Robert M. Jones</u>	(14) NAME BEFORE MARRIAGE <u>Freddie Bernice Jones</u>	(16) NAME BEFORE MARRIAGE <u>Freddie Bernice Jones</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Calhoun</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Calhoun</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Calhoun</u>	(17) PRESENT POSTOFFICE OF MOTHER <u>Calhoun</u>
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY (Years) <u>20</u>	(18) COLOR OR RACE <u>White</u>	(19) AGE AT LAST BIRTHDAY (Years) <u>22</u>
(14) BIRTHPLACE <u>Calhoun</u>	(16) BIRTHPLACE <u>Calhoun</u>	(18) BIRTHPLACE <u>Calhoun</u>	(20) BIRTHPLACE <u>Calhoun</u>
(15) OCCUPATION <u>Farmer</u>	(17) OCCUPATION <u>Housewife</u>	(19) OCCUPATION <u>Housewife</u>	(21) OCCUPATION <u>Housewife</u>
(22) Number of children born to mother, including present birth <u>15</u>	(23) Number of children of this mother now living, including present birth <u>15</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(24) I hereby certify that I attended the birth of this child, who was .....  
on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) Freddie Bernice Jones  
(26) State whether Physician or Midwife Physician Address of Physician or Midwife  
Calhoun

(27) Given name added from a supplement-  
al report

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

(29) Filed Jan 23 1923 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.