

(1) PLACE OF BIRTH

County of OrangeTownship of Orange

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3704

37034

Registered No. 17
(For use of Local Registrar)(2) Full Name of Child Arthur Mathew Jones If child is not yet named, make supplemental report as directed

(a) SEX OF CHILD <u>Boy</u>	(b) TOB OF CHILD <u>Yes</u> Is he or she a tobacco user?	(c) MARRY OF CHILD <u>No</u> Is he or she a married person?	(d) IN ARMY <u>Yes</u>	(e) DATE OF BIRTH <u>11/10/23</u> (Month) (Day) (Year)
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FATHER.

(a) NAME Chas. Hugh Jones(b) RESIDENCE Jensen Co. P.O. 22(c) COLOR White (d) AGE AT LAST BIRTHDAY 32(e) BIRTHPLACE Jensen Co., W. Va.(f) OCCUPATION Farming(g) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BORN One

MOTHER.

(a) NAME Frances Helen Jones(b) RESIDENCE Jensen Co., W. Va.(c) COLOR White (d) AGE AT LAST BIRTHDAY 18(e) BIRTHPLACE Jensen Co., W. Va.(f) OCCUPATION Housewife(g) NUMBER OF CHILDREN OF THIS MOTHER BORN ALIVE, INCLUDING PRESENT BORN 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at J. P. Hill on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) J. P. Hill(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date 11/10/23 (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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