

## (1) PLACE OF BIRTH

County of RichlandTownship of Richlandor  
Inc. Town of .....or  
City of Columbia

(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

File No.—For State Registrar Only

31965

Registration District No. .... Registered No. ....

(For use of Local Registrar)

(No. 13.12.1898 St.; ..... Ward)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL

Boy

4) Twin or Triplet?

one

5) Number in order of birth

one

6) Are Parents Married?

yes

7) DATE OF BIRTH

July 11, 1922

(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Claud W Jones

9) PRESENT POSTOFFICE OF FATHER

Columbia SC

10) COLOR OR RACE

white

11) AGE AT LAST BIRTHDAY

22

(Years)

12) BIRTHPLACE

Saluda CO

13) OCCUPATION

Merchant & Preaching

20) Number of children born to mother, including present birth

1 one

## MOTHER.

14) NAME BEFORE MARRIAGE

Allyne Bryant

15) PRESENT POSTOFFICE OF MOTHER

Columbia SC

16) COLOR OR RACE

white

17) AGE AT LAST BIRTHDAY

22

(Years)

18) BIRTHPLACE

Saluda CO

19) OCCUPATION

Domestic

21) Number of children of this mother now living, including present birth

1 one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... alive ..... st. 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W A Oxnard

(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 23 is signed by mark)

(27) Filed ..... 19 ..... (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.

State File No. LEAV OF THE CENSUS

N. H.—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.

RECAP OF COLUMBIA, COLUMBIA, S. C.