

(1) PLACE OF BIRTH

County of Georgetown
 Township of Porter #1
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18676

Registration District No. 2100 Registered No. 12
 (For use of Local Registrar)

City of..... (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 Mary Grace {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 20 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jules Grace

(9) PRESENT POSTOFFICE OF FATHER Georgetown

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 31
 (Years)

(12) BIRTHPLACE Georgetown S.C.

(13) OCCUPATION Common Labour

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Homer Jones

(15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 21
 (Years)

(18) BIRTHPLACE Georgetown County

(19) OCCUPATION House work

(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 at F M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bellor Blake (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Georgetown

Given name added from a supplemental report

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

(27) Filed June 30 1922 (28) E. B. Hatcher 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.

NOTE.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. TAKE OTHER, No. 2, etc., in question 5.