

## (1) PLACE OF BIRTH

County of EdgefieldTownship of Buckner

or

Inc. Town of.....

or

City of.....

(No. .... St.; .... Ward)  
(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. 1501 Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child Colomina Jones

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Dec 25- 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Colomina Jones(9) PRESENT POSTOFFICE OF FATHER Pleasant Lane St(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY.....  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Dead(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Pearl Holloway(15) PRESENT POSTOFFICE OF MOTHER Pleasant Lane St(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY.....  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION At Home(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 born alive at 4 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lula Pearson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Pleasant Lane St

Given name added from a supplemental report

(26) Witness.....

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

(27) Filed Jan 3- 1923 (28) W. H. Zimmerman  
Registrar 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.

File No.—For State Registrar Only

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