

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

No. for State Registrar Only
22517

County of Charleston
 Township of
 Precinct of
 City of
 Registration District No. 42-1 Registered No. 3224
 (For use of Local Registrar)
 (Not 379 Arch St.) Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Agnes Mae Jones If child is not yet named, make supplemental report as directed

(2) Sex <u>Female</u>	(3) Date of Birth <u>July 5 1923</u> (Name of Month) (Day) (Year)	(4) Age <u>3</u> years	(5) Birthplace <u>Stella, Alabama</u>
(6) Color <u>W</u>	(7) Age at Last Birthday <u>3</u> (Year)	(8) Name of Father <u>J. Jones</u>	(9) Present Postoffice of Mother <u>Stella, Alabama</u>
(10) Color of Hair <u>W</u>	(11) Age at Last Birthday <u>3</u> (Year)	(12) Name of Mother <u>Stella</u>	(13) Present Postoffice of Mother <u>Stella, Alabama</u>
(14) Occupation <u>housewife</u>	(15) Age <u>3</u>	(16) Color of Hair <u>W</u>	(17) Age at Last Birthday <u>3</u> (Year)
(18) Number of children born to mother, including present birth <u>2</u>	(19) Number of children of this mother now living, including present birth <u>1</u>	(20) Name of Father <u>J. Jones</u>	(21) Present Postoffice of Mother <u>Stella, Alabama</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was at M.
 on the date above stated. (Born alive or dead) (Hour) (M. or P. M.)
 (23) (Signature) J. Jones
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

When name added from a supplemental report
L. A. Jones M.D.
12/8/43
 Registrar
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed 8-1-23 Local Registrar
Jas. Copes

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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