

(1) PLACE OF BIRTH

County of Aiken
Township of LangleyInc. Town of
or
City of Bath

(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 Register Only

30791

Registration District No. 217A Registered No. 133
(For use of Local Registrar)

(No. Ward)

(2) Full Name of Child Chris Lee Myrtle Jones 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 yes (7) DATE OF BIRTH Oct 11 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter L Jones (14) NAME BEFORE MARRIAGE Ernie Carley(9) PRESENT POSTOFFICE OF FATHER Bath, S.C. (15) PRESENT POSTOFFICE OF MOTHER Bath, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Years) (Years)(12) BIRTHPLACE SC (18) BIRTHPLACE SC(13) OCCUPATION millworker (19) OCCUPATION housewife(20) Number of children born to mother, including present birth 1 (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 7:20 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) L. D. Boone (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Langley, S.C.

(Given name added from a supplemental report)

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

(27) Filed Nov. 3, 1923 (28) L. W. Shradley 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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