

(1) PLACE OF BIRTH

County of CalhounTownship of Panpan

Inc. Town of

City of

(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

No. 10.—For State Register Only

6094

Registration District No. S.O. Registered No. 17
(For use of Local Registrar)(2) Full Name of Child Elvira Jones If child is not yet named, make supplemental report as directed

(3) SEX OR GUILD <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1st</u>	(6) Age Period <u>1st</u>	(7) DATE OF BIRTH <u>Feb. 1, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Mannel Jones(9) PRESENT POSTOFFICE OF FATHER St. Andrews(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE LC(13) OCCUPATION farm hand(14) Number of children born to mother, including present birth 6

MOTHER.

(15) NAME BEFORE MARRIAGE Marie Green(16) PRESENT POSTOFFICE OF MOTHER St. Andrews(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 26
(Years)(19) BIRTHPLACE LC(20) OCCUPATION farm hand(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carrie X. Anderson

(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 22 is signed by mark)

(27) Date Mar 6, 1923 (28) St. Andrews
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child born dead, it need not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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