

## 1. PLACE OF BIRTH

County of AikenTownship of Thermaleor  
Inc. Town of \_\_\_\_\_or  
City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. \_\_\_\_\_

FILE No.—For State Registrar Only

17331 1/2

Registered No. \_\_\_\_\_

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## 2. FULL NAME OF CHILD

Thomas Eugene Jones

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

3. BOY OR  
GIRL4. Twin or  
Triplet ☒5. Number in order  
of birth ☒6. Are  
Parents  
Married? ☒

7. DATE OF BIRTH

June 12 1922  
Name of Month (Day) (Year)

To be answered only in event of Twins or Triplets

8. FULL  
NAME

FATHER

Milton Powell9. PRESENT  
POSTOFFICE  
OF FATHERDalry & Co10. COLOR  
OR  
RACEWhite11. AGE AT LAST  
BIRTHDAY29  
(Years)

12. BIRTHPLACE

SC

13. OCCUPATION

Farmer20. Number of children born to  
mother, including present birth{ Two }14. NAME BEFORE  
MARRIAGE

MOTHER

Lizzie Hauman15. PRESENT  
POSTOFFICE  
OF MOTHERDalry16. COLOR  
OR  
RACEWhite17. AGE AT LAST  
BIRTHDAY19  
(Years)

18. BIRTHPLACE

SC

19. OCCUPATION

Housewife21. Number of children of this mother  
now living, including present birth{ Two }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was born at 3:40 M.,  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Milton E. Powell

26. Witness

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

27. Filed

7-10-22

19

28.

Sally S. H.

Local Registrar

Given name added from a supplemental report

19

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