

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. - For State Registrar Only

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County of Darlington
Township of Barber
or
Inc. Town of

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

17364

Registration District No. 1504 Registered No. 13
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Gula Jones (If child is not yet named, make supplemental report as directed)

3 SEX GIRL 4 Twin or Triplet one 5 Number in order of birth 4 6 Are Parents Married? Yes 7 DATE OF BIRTH Feb 7 1923
(Name of Month) (Day) (Year)

FATHER.
8 FULL NAME Jesse T Jones
9 PRESENT POSTOFFICE OF FATHER Lanesville
10 COLOR OR RACE W 11 AGE AT LAST BIRTHDAY 33
12 BIRTHPLACE W.C.
13 OCCUPATION Barber
14 Number of children born to mother, including present birth 4

MOTHER.
14 NAME BEFORE MARRIAGE May Teal
15 PRESENT POSTOFFICE OF MOTHER Lanesville
16 COLOR OR RACE W 17 AGE AT LAST BIRTHDAY 26
18 BIRTHPLACE S.C.
19 OCCUPATION Domestic
20 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(21) I hereby certify that I attended the birth of this child, who was alive at 8:00 M., on the date above stated. (Born alive or stillborn. Hour, M. or P. M.)

(22) (Signature) [Signature] (23) Address of Physician or Midwife
(24) State whether Physician or Midwife

Give name added from a supplemental report
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19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 16 1923 (28) R. J. Chapin 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.