

PLACE OF BIRTH
Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

9A

F.I.D. No. for stamp

41241

Town of
Charleston

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

Street No. 1973

FULL NAME OF CHILD
Francine Jones

Wind

If child is not yet named

Supplemental report in due course

or Girl
Girl If Plural
births { 4. Twin, triplet, or other
5. Number, in order of birth

6. Premature

Full term

7. Living
mate?

Yes

8. Date of
birth
(Month, day, year)

Dec. 23, 1922

FATHER
Abraham Jones

MOTHER
Sarah Smalls

Address (usual place of abode)
Resident, give place and State) City

19. Residence (usual place of abode)
(If nonresident, give place and State) City

Service Col. 12. Age at last birthday 27 (Years)

20. Color or race Col. 21. Age at last birthday 21 (Years)

Occupation (city or place) Johns Island, S. C.
(State or country)

22. Birthplace (city or place) Johns Island, S. C.
(State or country)

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Laundress

Industry or business in which work was done, as silk mill, mill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. In service.

Date (month and year) last engaged in this work

25. Date (month and year) last engaged in this work

19. 26. Total time (years)
spent in this work

19.

Number of children of this mother
at time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead

2. (c) Stillborn
Before labor
During labor

Child, months weeks 29. Cause of stillbirth

Age of gestation

30. (a) Born alive and now living 5 (b) Born alive but now dead

There was no attending physician

then the father, householder,
should make this return.

Name added from
maternal report

(Date of)

Address

Registrars

Filed Oct. 16, 1930 Emma G. Pregnall.

Sub

Filed on affidavit of mother, as unable to get record from Hospital

PLACE OF BIRTH
C.M.

Standard Certificate of Birth FILE No. 11

STATE OF SOUTH CAROLINA, DEPARTMENT OF PUBLIC WELFARE,
DIVISION OF CHILDREN AND YOUTH SERVICES
CITY OF CHARLESTON

PERSONALLY appeared before me, Anna G. Pregnall a Notary
Public of South Carolina, Susan Jones, who being duly sworn says and
swears that she is the mother of Franoine Jones, who was born in
the City of Charleston on Dec. 23, 1922: that the birth of this child
was not recorded: that she has given the answers on the attached return
of birth and that the same are true and correct.

Susan Jones
Mother.

Subscribed before me this
day of October, A.D. 1930.

Anna G. Pregnall
Notary Public, S.C.

STATE OF SOUTH CAROLINA, DEPARTMENT OF PUBLIC WELFARE,
DIVISION OF CHILDREN AND YOUTH SERVICES

I, the undersigned, certify that this child was born in the state or
territory above stated.

- (23) Signature of Father, etc., if a male child
(24) Name of mother or midwife if female child

Name added from a supplement-
tal report

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

19
Registrar

(27) Filed 12/30/30 (28) Local Register

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.