

(1) PLACE OF BIRTH

County of *Spartanburg*
 Township of *Spartanburg*
 or
 Inc. Town of *Whitney*
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32365

Registration District No. *4008* Registered No. *32365*
 (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 *Eda Angelica Jones*

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

1) 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 *Sept. 7, 1922*
 (Name) (Month) (Day) (Year)

FATHER.

8) FULL NAME *Andrew Jones*
 9) PRESENT POSTOFFICE OF FATHER *Whitney S.C.*
 10) COLOR OR RACE *white* 11) AGE AT LAST BIRTHDAY *33*
 12) BIRTHPLACE *S.C.*
 13) OCCUPATION *Cottonmill Operator*
 14) Number of children born to mother, including present birth *1*

MOTHER.

14) NAME BEFORE MARRIAGE *Eda Bell Dawson*
 15) PRESENT POSTOFFICE OF MOTHER *Whitney S.C.*
 16) COLOR OR RACE *white* 17) AGE AT LAST BIRTHDAY *19*
 18) BIRTHPLACE *S.C.*
 19) OCCUPATION *Housewife*
 20) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

21) I hereby certify that I attended the birth of this child, who was... *alive*... at *8 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W. H. Chapman*(24) State whether Physician or Midwife *Phys*(25) Address of Physician or Midwife *Whitney S.C.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *Sept. 12, 1922* *M. B. F. Parker* 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.

Fifth Month of Pregnancy

REMARKS: HIGHLY RECOMMENDED FOR BIRTH RECORDING. THIS IS A VOLUNTARILY REPORTED BIRTH. IF A CHILD DIES BEFORE THE FIFTH MONTH OF PREGNANCY, IT MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.