

## (1) PLACE OF BIRTH

County of BeaufortTownship of Hiltonheador  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 802

File No.—For State Registrar Only

37317Registered No. 42  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)If child is not yet named, make  
supplemental report as directed(2) Full Name of Child Florence Jones

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets <u>2</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 5, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Ellis Jones(9) PRESENT POSTOFFICE OF FATHER Hiltonhead, S. C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Holmes(15) PRESENT POSTOFFICE OF MOTHER Hiltonhead, S. C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Farm Laborer(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 BORN ALIVE at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. H. Green(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Hiltonhead, S. C.

Give name added from a supplemental report

(25) Witness A. D. Brown (Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Nov. 13, 1922 (27) Local Registrar A. D. Brown

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.