

(1) PLACE OF BIRTH

County of Union
 Township of Jonesville
 or
 Inc. Town of
 or
 City of

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

No. for State Register
37887

Registration District No. 4204 Registered No. 114
 (For use of Local Registrar)

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

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

(3) SEX OR AGE
 (4) TYPE OF BIRTH
 (5) NUMBER OF CHILDREN BORN TO MOTHER
 (6) DATE OF BIRTH
 (7) NAME OF BIRTH PLACE (City) (Year)

FATHER.
 (8) NAME OF FATHER
 (9) PRESENT RESIDENCE OF FATHER
 (10) COLOR OF FATHER
 (11) AGE AT LAST BIRTHDAY
 (12) BIRTHPLACE
 (13) OCCUPATION
 (14) NUMBER OF CHILDREN BORN TO MOTHER, including present one

MOTHER.
 (15) NAME BEFORE MARRIAGE
 (16) PRESENT RESIDENCE OF MOTHER
 (17) COLOR OF MOTHER
 (18) AGE AT LAST BIRTHDAY
 (19) BIRTHPLACE
 (20) OCCUPATION
 (21) NUMBER OF CHILDREN OF MOTHER now living, including present one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was (Born alive or Stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature)
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed
 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.

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