

## (1) PLACE OF BIRTH

County of Barry  
Township of Dog Bluff  
or  
Inc. Town of.....  
or  
City of .....

# CERTIFICATE OF BIRTH

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

Registration District No. 5000

File No.—For State Registrar Only

30736

Registered No. 1-1  
(For use of Local Registrar)

(2) Full Name of Child Prine Jones

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <i>1</i>
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To be answered only in event of Twin or Triplets

(5) Are Parents Married? *Yes*

(7) DATE OF BIRTH... Sept 20 1922  
(Name of Month) (Day) (Year)

## EARNINGS

(8) FULL NAME Walter Cass

(9) PRESENT POSTOFFICE OF FATHER: *Washington, D.C.*

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Marion Co. Ar.

(13) OCCUPATION

*Farmer*

(20) Number of children born to mother, including present birth: 11

## MOTHER

(14) NAME BEFORE MARRIAGE *Josephine Hatch*

(15) PRESENT POSTOFFICE OF MOTHER: 1400 14th St. N. W. Washington, D.C.

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24*

(18) BIRTHPLACE Marion Co., Ia.

(19) OCCUPATION

(21) Number of children of this mother now living: including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was Baron Oden at 9:00 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. King

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

Given name added from a supplemental report

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

(37) Filed Oct 2 1946 (28) N. Trans. No. 100  
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.