

## (1) PLACE OF BIRTH

County of BambergTownship of Bambergor  
Inc. Town of Bambergor  
City of Bamberg

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

(2) Full Name of Child Anast JonesFile No.—For State Registrar Only  
**20998**Registration District No. 4A Registered No. 255  
(For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 20, 1922  
(If child is not yet named, make supplemental report as directed)

## FATHER.

## MOTHER.

(8) FULL NAME

(14) NAME BEFORE MARRIAGE Drisey Jones

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER Bamberg

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(16) COLOR OR RACE Coke(17) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE LC

(13) OCCUPATION

(19) OCCUPATION Farm Hand(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Counts(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bamberg, SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/2 19 22(28) John Cooner  
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.