

(1) PLACE OF BIRTH

County of Charleston
Township of Mount Pleasant
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
25283

Registration District No. 912 Registered No. 14
(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 John Elizabeth Jones St.; Ward)

3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 24, 1922
If child is not yet named, make supplemental report as directed
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Arthur P Jones
9) PRESENT POSTOFFICE OF FATHER Mount Pleasant
10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 49
12) BIRTHPLACE Charleston
13) OCCUPATION Carpenter
20) Number of children born to mother, including present birth 11

MOTHER.

14) NAME BEFORE MARRIAGE Maggie E. P. Jones
15) PRESENT POSTOFFICE OF MOTHER Mount Pleasant
16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 40
18) BIRTHPLACE Sul Island
19) OCCUPATION House wife
21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated.
(23) (Signature) J. P. Jones (Born alive or stillborn) (Hour A.M. or P.M.)
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife W. H. Hasant, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 22, 1922 (28) 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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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.
MEDICAL DEPARTMENT, COLUMBIA, S. C.