

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of Wagner

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

31545

Registration District No. Registered No. 58
(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.)(2) Full Name of Child Mary Elta Jones

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Sept. 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

F. Jackson Jones

(9) PRESENT POSTOFFICE OF FATHER

West Union St.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

46
(Year)

(12) BIRTHPLACE

Anderson Co. S.C.

(13) OCCUPATION

Farmer

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

nine

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Moore

(15) PRESENT POSTOFFICE OF MOTHER

West Union St.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

34
(Year)

(18) BIRTHPLACE

Anderson Co. S.C.

(19) OCCUPATION

Housewife

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

Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

B. F. Sloan M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianWallhalla St.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept. 15, 1922 (28) B. F. Sloan 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.

REASON RESERVED FOR BINDING. WHITE 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 5. MEDICAL COUNCIL, COLUMBIA, S. C.