

Form No. 3

## (1) PLACE OF BIRTH

County of FlavineTownship of Laurelor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42339

Registration District No. 2001 Registered No. 117  
(For use of Local Registrar)(2) Full Name of Child Larry Jones

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 20, 1922</u> (Name of Month) (Day) (Year)
-----------------------------	---	------------------------------	-------------------------------------	---

## FATHER.

(3) FULL NAME Larry Jones(9) PRESENT POSTOFFICE OF FATHER Lyman(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 49  
(Years)(12) BIRTHPLACE Laurel

(13) OCCUPATION

Saw Mill Laborer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Eurus Jones(15) PRESENT POSTOFFICE OF MOTHER Lyman(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE Laurel

(19) OCCUPATION

Housewife(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 Larry Jones at 2 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Arena Bain(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lyman

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Oct. 2, 1922 (28) W. T. P. P. P.  
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEDICAL DEPARTMENT, COLUMBIA, S. C.