

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.

(1) PLACE OF BIRTH

County of Greenwood.....  
Township of Greenwood.....  
or  
Inc. Town of Greenwood.....  
or  
City of Greenwood.....  
(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  
22478

Registration District No. 73A... Registered No. 103  
(For use of Local Registrar)

(2) Full Name of Child Alice Fairy Lorena Jones... (If child is not yet named, make supplemental report as directed)

|  |   |                                     |   |   |
|--|---|-------------------------------------|---|---|
| 3) SEX OF CHILD<br>GIRL  | 4) Twin or Triplet?<br>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<br>6 - 22 - 22<br>(Name of Month) (Day) (Year) |
| FATHER.  |   |                                     | MOTHER.   |   |
| 8) FULL NAME Joseph T. Jones   |   |                                     | 14) NAME BEFORE MARRIAGE Essie Monteri Pelfry                                     |   |
| 9) PRESENT POSTOFFICE OF FATHER Greenwood, S.C.                        |   |                                     | 15) PRESENT POSTOFFICE OF MOTHER Greenwood, S.C.                                  |   |
| 10) COLOR OR RACE White  |   | 11) AGE AT LAST BIRTHDAY 28 (Years) | 17) AGE AT LAST BIRTHDAY 30 (Years)   |   |
| 12) BIRTHPLACE Douglasville, Ga.                                       |   |                                     | 18) BIRTHPLACE Raborn County, Ga.   |   |
| 13) OCCUPATION Mill Operative  |   |                                     | 19) OCCUPATION Mill Operative.  |   |
| 20) Number of children born to mother, including present birth Two (2) |   |                                     | 21) Number of children of this mother now living, including present birth One (1) |   |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:45 P.M., on the date above stated. (Born alive or stillborn (Hour, M. or P. M.))

(23) (Signature) *W. A. Williams*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Greenwood, 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 7/10/22 (28) W. A. Williams 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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