

WRITE 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   |                                | CERTIFICATE OF BIRTH                  |   | File No.—For State Registrar Only                               |  |
|--|--------------------------------|---------------------------------------|---|---|--|
| County of <u>Richmond</u>  |                                | STATE OF SOUTH CAROLINA               |   | 22744   |  |
| Township of <u>Leesville</u>   |                                | Bureau of Vital Statistics            |   |   |  |
| or<br>Inc. Town of.....  |                                | State Board of Health                 |   |   |  |
| or<br>City of.....   |                                | Registration District No. <u>7701</u> |   | Registered No. <u>138</u>                                       |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  |                                | St.; ..... Ward)                      |   | (For use of Local Registrar)                                    |  |
| (2) Full Name of Child <u>James Jones</u>  |                                |                                       |   | If child is not yet named, make supplemental report as directed |  |
| (3) BOY OR GIRL <u>Male</u>  | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u>   | (7) DATE OF BIRTH <u>Sept. 23, 1922</u>                         |  |
| To be answered only in case of Twins or Triplets   |                                |                                       |   | (Name of Month) (Day) (Year)                                    |  |
| FATHER.  |                                |                                       | MOTHER.   |   |  |
| (8) FULL NAME <u>David Jones</u>   |                                |                                       | (14) NAME BEFORE MARRIAGE <u>Mary DeBurst</u>                                       |   |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Camden, S.C.</u>   |                                |                                       | (15) PRESENT POSTOFFICE OF MOTHER <u>Camden</u>                                     |   |  |
| (10) COLOR OR RACE <u>Col</u>  |                                |                                       | (16) COLOR OR RACE <u>Col</u>   |   |  |
| (11) AGE AT LAST BIRTHDAY <u>42</u> (Years)  |                                |                                       | (17) AGE AT LAST BIRTHDAY <u>35</u> (Years)   |   |  |
| (12) BIRTHPLACE <u>Richmond County</u>   |                                |                                       | (18) BIRTHPLACE <u>Camden, S.C.</u>   |   |  |
| (13) OCCUPATION <u>Farmer</u>  |                                |                                       | (19) OCCUPATION <u>Farmer</u>   |   |  |
| (20) Number of children born to mother, including present birth <u>7</u>   |                                |                                       | (21) Number of children of this mother now living, including present birth <u>7</u> |   |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*   |                                |                                       |   |   |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) |                                |                                       |   |   |  |
| (23) (Signature) <u>David Jones</u>  |                                |                                       |   |   |  |
| (24) State whether Physician or Midwife <u>Midwife</u>   |                                |                                       |   |   |  |
| (25) Address of Physician or Midwife <u>Richmond, S.C.</u>   |                                |                                       |   |   |  |
| Given name added from a supplemental report  |                                |                                       | (26) Witness <u>John D. Nelson</u>  |   |  |
|  |                                |                                       | (Signature of Witness necessary only when question 23 is signed by mother)          |   |  |
| 19 <u>27</u> Registrar   |                                |                                       | (27) Filed <u>July 15, 1927</u> (28) <u>John D. Nelson</u> 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.