

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of Spartanburg
 or
 City of Spartanburg

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19241

Registration District No. 4098 Registered No. 152
 (For use of Local Registrar)

(No. R1 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 Bessie May Jones If child is not yet named, make supplemental report as directed

3 SEX OR GUY Girl (4) Are Parents Married? yes (5) DATE OF BIRTH June 1 1924
 (6) Twin or Triplet? No (7) Number in order of birth 1
 To be answered only in event of Twin or Triplet

FATHER.

8 FULL NAME Fred Jones

9 PRESENT POSTOFFICE OF FATHER Sumner SC

10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)

12 BIRTHPLACE SC

13 OCCUPATION Cotton Mill Operator

14 Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Chas DeClard

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 8 A. M., on the date above stated. (If stillborn, Hour, M. or P. M.)

(22) (Signature) W. H. Chapman

(23) State whether Physician or Midwife Phys (24) Address of Physician or Midwife Whitney SC

Give name added from a supplemental report

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

(26) Filed June 12 1924 (27) Mrs. C. F. Parker Local Registrar

When there was no attending physician or midwife, when 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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