

(1) PLACE OF BIRTH

County of Aiken
 Township of Rocky Bon
 or
 Inc. Town of
 or
 City of Freely (No. St.; Ward)

CERTIFICATE OF BIRTH

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

For use of Local Registrar only
12620

Registration District No. 209 Registered No. 19
 (For use of Local Registrar)

(2) Full Name of Child Fredy Campbell Jones

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

(3) BOY OR GIRL Boy (4) Type of birth ✓ (5) Number in order of birth 2 (6) Are twins yes (7) DATE OF BIRTH May 28, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nat Jones
 (9) PRESENT POSTOFFICE OF FATHER Salley, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 51
 (Year) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Abbott
 (15) PRESENT POSTOFFICE OF MOTHER Salley, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alone at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elijah X Ashley
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Salley, S.C.

Given name added from a supplemental report

(26) Witness Chas. H. Salley
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 2, 1923 (28) Chas. H. Salley
 Registrar 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.