

Form No. 1

(1) PLACE OF BIRTH

County of HarryTownship of Boys

or

Inc. Town of Boys

or

City of Boys

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19027

Registration District No. 25103 Registered No. 512

(For use of Local Registrar)

(No. 25103 St.; 512 Ward)

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

(2) Full Name of Child George King Jones

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>L</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Age <u>2</u> Parent Married	(7) DATE OF BIRTH <u>June 11</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Geo. H. Jones(9) PRESENT POSTOFFICE OF FATHER Kalivants Ferry, SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46.5 (Years)(12) BIRTHPLACE Harry Co., SC(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Todd(15) PRESENT POSTOFFICE OF MOTHER Kalivants Ferry, SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Harry Co., SC(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Boys M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. King(24) State whether Physician or Midwife Mid(25) Address of Physician or Midwife Boys

Given name added from a supplemental report

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

(27) Filed July 4 1922 (28) W. E. King 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.