

## (1) PLACE OF BIRTH

County of Orange  
 Township of Edison  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

20814

Registration District No. 3605Registered No. 85  
(For use of Local Registrar)

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

(2) Full Name of Child Mattie May Jones

If child is not named, make supplemental report as directed

(3) SEX Female (4) Twin or Triplet No (5) Number in order of birth 4 (6) Date of Birth Sept 3 23  
 To be answered only in event of Twin or Triplet

FATHER  
 (8) FULL NAME W D Jones  
 (9) PRESENT POSTOFFICE OF FATHER Edison SC  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35  
 (12) BIRTHPLACE Edison SC  
 (13) OCCUPATION Farmer

MOTHER  
 (14) NAME BEFORE MARRIAGE Maria J. Jones  
 (15) PRESENT POSTOFFICE OF MOTHER Edison SC  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28  
 (18) BIRTHPLACE Porter SC  
 (19) OCCUPATION Farmer wife

(20) Number of children born to mother, including present birth 4  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Days and Months) (Hour A.M. or P.M.)

(23) (Signature) Cookman H. May(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary when question 24 is signed "Midwife")  
Sept 9 23

(27) Place Edison SC

When there was no attending physician or midwife, then the father, householder, etc., should sign.  
 If a child breathes even once, it must not be reported as stillborn. See report in Bulletin of the State Board of Health, No. 1, 1914.