

(1) PLACE OF BIRTH

County of AndersonTownship of WilliamstonInc. Town of Ridgely

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

38483

Registration District No. 32Registered No. 188
(For use of Local Registrar)

(No.)

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 Helen Jones

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

(3) BOY OR GIRL girl

(4) Twin or Triplet

(5) Number in order of birth
To be answered only in event of Twin or Triplet(6) Are Parents Married Yes(7) DATE OF BIRTH Dec 25 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Russell Jones(9) PRESENT POSTOFFICE OF FATHER Phys SE(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27
(Year)(12) BIRTHPLACE Al.(13) OCCUPATION mill work(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Miss J. J. J. J.(16) PRESENT POSTOFFICE OF MOTHER Phys SE(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 19
(Year)(19) BIRTHPLACE Al.(20) OCCUPATION Domestic(21) 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 born alive as stillborn on the date above stated.(23) (Signature) M. J. J. J.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Phys SE

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 5 192419
Registrar

(28)

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.