

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**28856**

## (1) PLACE OF BIRTH

County of Anderson  
Township of Sarum  
or  
Inc. Town of .....  
or  
City of .....

Registration District No. 3/5

Registered No. 61  
(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 William Sylvester Jones If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?  
To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH July 3, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sylvester Jones

(9) PRESENT POSTOFFICE OF FATHER Piedmont SC #1

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 31  
(Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Richey

(15) PRESENT POSTOFFICE OF MOTHER Piedmont SC #1

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 24  
(Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Farm Laborer

(21) Number of children of this mother now living, including present birth 1 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 a. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Mollie Owens

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Piedmont SC #1

Given name added from a supplemental report

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

(27) Filed 9/10 19 22 (28) W. L. Casey 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.