

WHEN PLACING THIS CERTIFICATE IN THE REGISTRY, WRITE A FULL NAME FOR EACH CHILD, AND MARK THE
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of		STATE OF SOUTH CAROLINA		32146	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. 40-a		Registered No. 139	
or		(No. 503 S. Lib.)		(For use of Local Registrar)	
City of Spottz		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				If child is not yet named, make supplemental report as directed	
(3) Boy or GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH 9 15 22 (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME Frank W. Jones			(14) NAME BEFORE MARRIAGE Kate Crown		
(9) PRESENT POSTOFFICE OF FATHER City			(15) PRESENT POSTOFFICE OF MOTHER City		
(10) COLOR OR RACE W			(16) COLOR OR RACE W		
(11) AGE AT LAST BIRTHDAY 33 (Year)			(17) AGE AT LAST BIRTHDAY 26 (Year)		
(12) BIRTHPLACE Pa			(18) BIRTHPLACE S.C.		
(13) OCCUPATION Mech			(19) OCCUPATION Housewife		
(20) Number of children born to mother, including present birth 6			(21) Number of children of this mother now living, including present birth 5		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was					
on the date above stated. (Born alive or stillborn) (Hour) M. or P. M.					
(23) (Signature) O. W. Leonard					
(24) State whether Physician or Midwife					
(25) Address of Physi. or Midwife					
Given name added from a supplemental report			(26) Witness		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed 10-1-22 J. C. Copas 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.					