

(1) PLACE OF BIRTH

County of Lancaster

Township of

or

Inc. Town of

or

City of Lancaster

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

(2) Full Name of Child Mary Louise Jones

File No.—For State Registrar Only

15500

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 280 Registered No. 28
(For use of Local Registrar)(3) BOY OR GIRL? Girl(4) Twin or Triplet? Y(5) Number in order of birth Y(6) Are Parents Married? Yes(7) DATE OF BIRTH May 27, 19 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alwyn Jones(9) PRESENT POSTOFFICE OF FATHER Lancaster Sp(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Lancaster Co S.C.(13) OCCUPATION Merchant- Clerk(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna May Donckie(15) PRESENT POSTOFFICE OF MOTHER Lancaster Co(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE York Co S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Parry(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Lancaster Co

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6-1- 19 22

(28)

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.