

PLACE OF BIRTH

County of SpokaneTownship of 11City of 11

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12.—For State Registry Only

12124

Registration District No. 4008 Registered No. 98

(For use of Local Registrar)

(No. Howard St. Co Word)(1) Full Name of Child J. L. P. Jones G. Steh If child is not yet named, make supplemental report as directed(2) SEX OR CHILD Boy (4) Twin or Triplet X (5) Number in order of birth X (6) Are Parents Married Yes (7) DATE OF BIRTH 4/30/22

FATHER. MOTHER.

(8) FULL NAME W. L. Hunter (14) NAME BEFORE MARRIAGE Twade Woodruff(9) PRESENT POSTOFFICE OF FATHER Spanning R.F.D. 2 (15) PRESENT POSTOFFICE OF MOTHER Spanning R.F.D. 2(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 43 (12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY 36(14) BIRTHPLACE Spanning R.F.D. 2 (16) OCCUPATION Spanning R.F.D. 2(17) OCCUPATION Spanning R.F.D. 2(18) Number of children born to mother, including present birth 10 (19) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.) 3:00 P. M. on the date above stated.(21) (Signature) J. L. P. Jones (22) Address of Physician or Midwife 137 S. Church St.(23) State whether Physician or Midwife Physician (24) Spanning R.F.D. 2

Give name added from a supplemental report

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

(26) Filed May 4 1923 (27) Mrs. C. F. Parker 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.

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