

(1) PLACE OF BIRTH

County of RichmondTownship of RichmondInc. Town of RichmondCity of Richmond

(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

Registration District No. 3 B

File No. - For State Registrar's

183

Registered No. 6
(For use of Local Registrar)(2) Full Name of Child James Bigham Jones
(If child is not yet named, make provisional report as directed)(3) SEX OF CHILD Boy
(4) Type or Triplet To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age of child at birth

(7) DATE OF BIRTH Jan 9 1923

FATHER.

(8) FULL NAME James Bigham(9) PRESENT RESIDENCE OF FATHER Richmond(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Textile work(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME OF MOTHER Ropie Vaughan(15) PRESENT RESIDENCE OF MOTHER Richmond(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Joe Thomas

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Richmond, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Date Jan 10 1923 (27) Local Registrar J. J. Fleming

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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