

(1) PLACE OF BIRTH

County of Union

Township of

Inc. Town of

City of Union2) Full Name of Child Howard Leon Jones

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

8703

Registration District No. 42-ARegistered No. 27

(For use of Local Registrar)

(No. Ward) (If child is in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, make supplemental report as directed

SEX Boy

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

FULL NAME

John H. Jones

PRESENT PLACE OF FATHER

Union S.C.

COLOR OR RACE

White

(8) AGE AT LAST BIRTHDAY

30 (Years)

BIRTHPLACE

Union S.C.

OCCUPATION

Justice Superintendent Herculais

(9) Number of children born to mother including present birth

Three

(14) NAME BEFORE MARRIAGE

Cetta Cutino

(15) PRESENT POSTOFFICE OF MOTHER

Union S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33 (Years)

(18) BIRTHPLACE

Union S.C.

(19) OCCUPATION

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

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Both alive or stillborn) (Hour) 11 M. or P. M. on the date above stated.(23) (Signature) J. L. Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Union S.C.

Given name and form a supplemental report

10/27/43M. H. Jones Registrar

(26) Witness

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

(27) Filed 4-10-1943S. J. Arratt 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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