

(1) PLACE OF BIRTH

County of Aiken
 Township of Hampton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
20698

Registration District No. 2-53-B Registered No.
 (For use of Local Registrar)

City of (No. 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 James Jones {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 8 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Robert Jones</u>	(14) NAME BEFORE MARRIAGE <u>Annie Pappas</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Bath Sc</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bath Sc</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>15</u> (Years)
(12) BIRTHPLACE <u>Edgefield Sc</u>	(18) OCCUPATION <u>Public Works</u>	(19) BIRTHPLACE <u>Aiken Sc</u>	(20) OCCUPATION <u>House Work</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother new living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 12:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Manie Kemp
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Livingston St

Given name added from a supplemental report
 (26) Witness Lizzie B. Johnson
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 9 1922 (28) John T. Green M.D. 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.

MECAN OF COLUMBIA, COLUMBIA, S. C.