

Form No. 1

## (1) PLACE OF BIRTH

County of HorryTownship of Bayboro

OF

Inc. Town of .....

OR

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(17) DATE OF BIRTH <u>Dec 19 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Berry Jones(9) PRESENT POSTOFFICE OF FATHER Horry(10) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Horry Co S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Rabon(15) PRESENT POSTOFFICE OF MOTHER Horry(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Horry Co S.C.(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... A. Live ..... at... 7 AM. .....  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 20 1922 (28) J. E. Bell .....  
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.

File No.—For State Registrar Only

42950

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2-5-00 Registered No. 87  
(For use of Local Registrar)

MINORS OF TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.