

FIRST-BORN. No. 1. THE OTHER, No. 2. etc., in question 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 1. - For State Registrar Only	
County of <u>Barnwell</u>		STATE OF SOUTH CAROLINA		31795	
Township of <u>Northampton</u>		Bureau of Vital Statistics			
City of <u>Dunbarton, D.C.</u>		State Board of Health			
Registration District No. <u>249</u>		Registered No. <u>144</u>		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. <u>1</u>		Ward <u>1</u>	
(2) Full Name of Child <u>Maxie Annita Jones Jr.</u>					
If child is not yet named, make supplemental report as directed					
(3) SEX OR CHILD <u>Girl</u>	(4) Type or Triple <u>Single</u>	(5) Number in order of birth <u>1</u>	(6) Age <u>1</u>	(7) DATE OF BIRTH <u>Nov 29, 23</u>	
(Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Leamington L. Jones, Jr.</u>			(14) NAME BEFORE MARRIAGE <u>Maxie P. Hiers</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Dunbarton, D.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Dunbarton, D.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>37</u>			(17) AGE AT LAST BIRTHDAY <u>31</u>		
(12) BIRTHPLACE <u>D.C.</u>			(18) BIRTHPLACE <u>D.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> on the date above stated.					
(23) (Signature) <u>Lang W. Anderson</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Dunbarton, D.C.</u>					
Given name added from a supplemental report					
(26) Witness <u>Mrs. Pauline</u>					
(27) Filed <u>Nov. 4, 23</u>					
(28) Registrar <u>Mrs. Pauline</u>					
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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