

(1) PLACE OF BIRTH

County of Anderson
 Township of Anderson
 or
 Inc. Town of Anderson
 or
 City of Anderson

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12726

Registration District No. Registered No. 147
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Madison Jones If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes DATE OF BIRTH May 2nd 1923
 (Name of Month) (Day) (Year)

FATHER: (7) FULL NAME Harry M. Jones (8) PRESENT POSTOFFICE OF FATHER Anderson S.C. (9) COLOR OR RACE White (10) BIRTHPLACE Anderson Co. (11) AGE AT LAST BIRTHDAY 31 (Year) (12) OCCUPATION Retal Clerk

MOTHER: (14) NAME BEFORE MARRIAGE Emma Anderson (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year) (18) BIRTHPLACE Anderson Co. (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth Two (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:15 M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

M.B. 1/1

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

affid. 5/24/43

Given name added from a supplemental report

(26) Witness

(Signature of Witness, not used when question 23 is signed by mother)

(27) Filed

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(28)

ANDERSON, S. C.
 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.

a supplementary report

Address Anderson

Filed

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