

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown
 Township of St. 4
 or
 Inc. Town of Andrews S.C.
 or
 City of _____ (No. _____ St. _____ Ward _____)

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

File No. — For State Registrar Only

3927

Registration District No. 2103 Registered No. 24
 (For use of Local Registrar)

(2) Full Name of Child Walter Jones
 if birth occurs 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

1. SEX OR
 OTHER Male 2. Twin
 or Triplet 3. Number by
 order of birth
 To be answered only in case of Twin or Triplet

4. Are
 Parents
 Married No 5. DATE OF
 BIRTH February 23
 (Month) (Day) (Year)

FATHER

6. FULL
 NAME Jackson
 7. PRESENT
 POSTOFFICE
 OF FATHER Andrews S.C.
 8. COLOR
 OR
 RACE Negro 9. AGE AT LAST
 BIRTHDAY 30
 (Year)
 10. BIRTHPLACE Georgetown, Conf. S.C.
 11. OCCUPATION Farmer

MOTHER

12. NAME BEFORE
 MARRIAGE Josephine Sanders
 13. PRESENT
 POSTOFFICE
 OF MOTHER Andrews S.C.
 14. COLOR
 OR
 RACE Negro 15. AGE AT LAST
 BIRTHDAY 22
 (Year)
 16. BIRTHPLACE Georgetown Conf. S.C.
 17. OCCUPATION Cook

20. Number of children born to
 mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M.
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Elyse Small Midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplement-
 al report)

(26) Witness (Signature of Witness necessary only
 when question 23 is signed by mother)
Mar 9 1923 (27) W. T. Bailey 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.