

(1) PLACE OF BIRTH

County of York
 Township of York
 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

40489

Registration District No. 4405Registered No. 162

(For use of Local Registrar)

(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 John D. Jones

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

May 26th 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam D. Jones

(9) PRESENT POSTOFFICE OF FATHER

York Co. S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE

York Co S.C.

(13) OCCUPATION

Mill Operation

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lena M. Childers

(15) PRESENT POSTOFFICE OF MOTHER

York S.C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE

York Co

(19) OCCUPATION

Mill Operation

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:20 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. A. Bratton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

York S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov. 12 1922(28) John I. Bratton

Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., shall 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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