

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**41420**

## (1) PLACE OF BIRTH

County of York  
Township of York  
Inc. Town of .....  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3004 Registered No. 94  
(For use of Local Registrar)

## (2) Full Name of Child

Jamie Louise Jones  
(3) SEX OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 19 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Lee Jones  
(9) PRESENT POSTOFFICE OF FATHER St. Charles S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
(12) BIRTHPLACE Lee Co. S.C.  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 9

## MOTHER.

(15) NAME BEFORE MARRIAGE Jamie Louise Bryant  
(16) PRESENT POSTOFFICE OF MOTHER St. Charles S.C.  
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 41  
(19) BIRTHPLACE Lee Co. S.C.  
(20) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was ..... at 5:30 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) R. D. Smith  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Charles S.C.

(Given name added from a supplemental report)

(26) Witness ..... (Signature of witness necessary only when question is signed by mark)

(27) Filed Dec 20 1923 (28) Arthur P. Jones  
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.