

## (1) PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

40053

Registration District No. 18 A Registered No. 37  
 (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 Raymond D. Jones If child is not yet named, make supplemental report as directed

Sex Boy (1) Type or Triplet Single (2) Number in order of birth 1 (3) Age at birth 1/23  
 To be entered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.  
 (1) Name of Father Donald M. Jones (14) Name of Mother John Paul  
 (2) Present Postoffice of Father Asheville, N.C. (15) Present Postoffice of Mother Asheville, N.C.  
 (3) Color or Race White (16) Color or Race White  
 (4) Birthplace N.C. (17) Birthplace S.C.  
 (5) Occupation Engineer (18) Occupation Physician  
 (6) Number of children born to mother, including present birth 1 (19) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Dr. J. S. Jones  
 (22) State of South Carolina Physician or Midwife (23) Address of Physician or Midwife Asheville, N.C.

Given name added from a supplemental report

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

19 .....

(25) Filed 1/18/1924 (26) Christy 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.

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