

(1) PLACE OF BIRTH

County of AttitudeTownship of Attitude
or
Inc. Town of AttitudeCity of AttitudeCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 46

No. 1. - For this Register

34440

Registered No. 125
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of Attitude (No. 125 St.; 125 Ward)(2) Full Name of Child Ruth Jones If child is not yet named, make supplemental report as directed(3) SEX OR Girl (4) Type term (5) Number of 1 (6) DATE OF BIRTH Nov. 21, 1923
(Name of Month) (Day) (Year)FATHER: (1) NAME T. S. Jones (2) PRESENT RESIDENCE Attitude (3) COLOR negro (4) AGE AT LAST BIRTHDAY 23 (5) BIRTHPLACE So. Car. (6) OCCUPATION Day labor (7) Number of children born to mother, including present birth 2
MOTHER: (1) NAME BEFORE MARRIAGE Sara Williams (2) PRESENT RESIDENCE Attitude (3) COLOR negro (4) AGE AT LAST BIRTHDAY 23 (5) BIRTHPLACE So. Car. (6) OCCUPATION Homemaker (7) Number of children of this mother now living, including present birth OneCERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(28) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated. (29) (Signature) W. H. Barclay (30) State whether Physician or Midwife Midwife (31) Address of Physician or Midwife Attitude, S.C.Given name added from a supplemental report
(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)
(33) Filed Nov. 21, 1923 (34) J. H. Boyd 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.