

(1) PLACE OF BIRTH

County of Charleston  
Township of Palmetto  
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

14575

Registration District No. 1-3-8 Registered No. 135  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Samuel Jones (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? Yes (7) DATE OF BIRTH May 22 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Jim Jones  
(9) PRESENT POSTOFFICE OF FATHER Charleston R-3  
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 23  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Labourer  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Clara Smith  
(15) PRESENT POSTOFFICE OF MOTHER Charleston R-3  
(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 20  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Farm work  
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Ellerbe  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Palmetto R-3

Given name added from a supplemental report  
.....  
..... 19 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed May 31 1922 (28) E. D. Casley 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.

DEPARTMENT OF HEALTH, STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.