

PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

(1) PLACE OF BIRTH

County of Sumter
 Township of Sumter
 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

5928

Registration District No. 4008 Registered No. 28
 (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 Mona Jones

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 10, 22
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Jones
 (9) PRESENT POSTOFFICE OF FATHER R.F.D., Sumter
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
 (12) BIRTHPLACE SS.
 (13) OCCUPATION Boiler
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Peterson
 (15) PRESENT POSTOFFICE OF MOTHER R.F.D., Sumter
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE SS.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sophie Durham
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife R.S. Sumter

Given name added from a supplemental report

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

(27) Filed Feb. 21, 1922 (28) Dr. B.S.P. 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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STATE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.