

Form No. 1

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

7664

Registration District No. 2 Registered No.
 (For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>July 16 1923</u>
(8) FATHER. (9) FULL NAME <u>W. H. Jones</u> (10) PRESENT POSTOFFICE OF FATHER <u>Liberty</u> (11) AGE AT LAST BIRTHDAY <u>35</u> (Years) (12) COLOR OR RACE <u>White</u> (13) BIRTHPLACE <u>Liberty</u> (14) OCCUPATION <u>Farmer</u>			(9) MOTHER. (14) NAME BEFORE MARRIAGE <u>W. H. Jones</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Liberty</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>35</u> (Years) (18) BIRTHPLACE <u>Liberty</u> (19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary H. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
Th. H. Jones (27) Th. H. Jones (28) Th. H. Jones

When there was no official report, the father, householder, etc., should make this return. No report is desired of children born in pregnancy.