

(1) PLACE OF BIRTH

County of Greenville
 Township of
 or
 In Town of
 (or)
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar

3841

Registration District No. 2003 Registered No. 2
 (For use of Local Registrar)

St. (No.) Ward (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR GENDER girl (4) Twin or Triplet No (5) Number in order of birth 1
 To be answered only in case of Twin or Triplet

(6) Are Parents Married yes DATE OF BIRTH Jan 23, 1923
 (Name of Month) (Day) (Year)

FATHER.
 (7) FULL NAME Elin Jones
 (8) PRESENT POSTOFFICE OF FATHER Greenville
 (9) COLOR OR RACE colored (10) AGE AT LAST BIRTHDAY 42 (Year)
 (11) BIRTHPLACE Livingston, La.
 (12) OCCUPATION Farming
 (13) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Dora Jones
 (15) PRESENT POSTOFFICE OF MOTHER Greenville
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 35 (Year)
 (18) BIRTHPLACE Livingston, La.
 (19) OCCUPATION Farming
 (20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was A. L. Jones at 2 P. M.
 on the date above stated. (Signature) Melanie Stenger Hour A. M. or P. M.

(22) (Signature) Melanie Stenger (23) Address of Physician or Midwife Greenville
 (24) State whether Physician or Midwife Midwife

Give name, address, date of birth, and sex of child.

(25) Signature of Midwife Melanie Stenger (26) Signature of Physician or Midwife Melanie Stenger
 (Signature of Physician or Midwife only when question 25 is signed by mark)

When there was no physician or midwife present, the certificate shall be signed by the mother.