

(1) PLACE OF BIRTH

County of GallatinTownship of Camden

Inc. Town of _____

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 820

File No. — For State Registrar Only

6677Registered No. 32
(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 Alice Jones

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

FATHER

(14) NAME BEFORE MARRIAGE Alice Bonafante(15) PRESENT POSTOFFICE OF MOTHER St. Matthews(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) Thereby certify that I attended the birth of this child, who was Alice on the date above stated.(22) (Signature) James L. Williams(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife St. Matthews(25) Witness A R Able(26) Signature of Witness necessary only when question 23 is signed by midwife A R Able(27) Local Registrar A R Able(28) Date Feb 22 1922(29) Place St. Matthews

(30) Name of father, household, etc., should make this return

(31) If child breathes or moves, it should be reported as stillborn. No report is desired of stillbirths

(32) Report within month of pregnancy