

MARGIN RESERVED FOR BINDING.

WRITE 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.

(1) PLACE OF BIRTH

County of Cherokee

Township of

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.)

(2) Full Name of Child Pauline Jones

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1.0.2 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 16, 1922

(8) FATHER'S NAME Siricy Jones (9) PRESENT POSTOFFICE OF FATHER Galharry, S. C. (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (12) BIRTHPLACE Cherokee Co. (13) OCCUPATION Household (14) NAME BEFORE MARRIAGE Lillie Bell Robinson (15) PRESENT POSTOFFICE OF MOTHER Galharry, S. C. (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (18) BIRTHPLACE Cherokee Co. (19) OCCUPATION Domestic (20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:15 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Brown (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Galharry, S. C.

Given name added from a supplemental report

(26) Witness Siricy Jones (27) Filed 2/10/22 (28) N. F. Smith 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.