

(1) PLACE OF BIRTH

County of Levinston
 Township of Brackley
 or
 Inc. Town of Cape St.
 or
 City of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

39271

Registration District No. 3.10.2 Registered No. 129
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 11 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Jones
 (9) PRESENT POSTOFFICE OF FATHER Cape St.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Charleston
 (13) OCCUPATION Public Work
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Thine Spaher
 (15) PRESENT POSTOFFICE OF MOTHER Cape St.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Levinston Co
 (19) OCCUPATION House Keeping
 (21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(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 mark)

(27) Filed 11/281922(28) J. P. Lybrand

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.

*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.