

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

By Court Order: 10-10-79

File No. — For State Registrar Only

3802

(1) PLACE OF BIRTH

County of Colleton

Township of Blake

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.)

Registration District No. 1402

Registered No.

(For use of Local Registrar)

* Elijah Brown

St.; Ward)

(2) Full Name of Child

Jones

is not yet named, make supplemental report as directed

(a) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of twin or triplet

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH

Feb. 13, 1927

(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE

Estelle Fredrick

(15) PRESENT POSTOFFICE OF MOTHER

Green Pond S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Col lco S.C.

(19) OCCUPATION

Farm hand

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ready

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Green Pond S.C.

Given name added from a supplemental report