

(1) PLACE OF BIRTH

County of Anderson
 Township of
 or
 Inc. Town of
 or
 City of Anderson

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

File No. — For State Registrar Only

28654

Registration District No. 3A

Registered No. 337
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 St.; Ward)

(2) Full Name of Child Arthur Hall Jones

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number In order of birth <u>6</u>	(6) Are Parents Married? <u>y</u>	(7) DATE OF BIRTH <u>June 17, 1922</u> (Name of Month) (Day) (Year)
--------------------------------	---	--	--------------------------------------	---

FATHER.

(8) FULL NAME Arthur Wilton Jones
 (9) PRESENT POSTOFFICE OF FATHER Anderson SC
 (10) COLOR OR RACE White
 (11) AGE AT LAST BIRTHDAY 43
 (12) BIRTHPLACE Anderson Co
 (13) OCCUPATION Night Watchman U.S. Po
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Jones
 (15) PRESENT POSTOFFICE OF MOTHER Anderson SC
 (16) COLOR OR RACE White
 (17) AGE AT LAST BIRTHDAY 41
 (18) BIRTHPLACE Anderson Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 4:30 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Jones
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled 19 (28) ANDERSON, S.C.

*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.

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.