

(1) PLACE OF BIRTH

County of AndersonTownship of Valenciaor
Inc. Town ofor
City of Anderson

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

33101

Registration District No. 313 Registered No. 30
(For use of Local Registrar)

(2) Full Name of Child

Charles Jones (No. 7 Cardin Ave. St.; Ward)
(If child is not yet named, make supplemental report as directed)

1) BOY OR GIRL <u>X</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept. 14, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Cleveland R. Jones9) PRESENT POSTOFFICE OF FATHER Anderson Co. S.C.10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Year)12) BIRTHPLACE Greenville Co. S.C.13) OCCUPATION Truck Driver20) Number of children born to mother, including present birth 12

MOTHER.

14) NAME BEFORE MARRIAGE Meta Patterson15) PRESENT POSTOFFICE OF MOTHER Anderson Co. S.C.16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)18) BIRTHPLACE Anderson Co. S.C.19) OCCUPATION Domestic21) 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 alive at 10:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wade Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson Co. S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 31, 1922 (28) E. A. E. H. W. 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.

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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.

McGraw-Hill, Columbia, S. C.

Form 5-6