

## (1) PLACE OF BIRTH

County of Auderson  
 Township of Hornea Path

## CERTIFICATE OF BIRTH

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

File No.—For State Register Only

2814

Inc. Town of ..... Registration District No. 307 Registered No. 18  
 (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 Thomas Edward Jones If child is not yet named, make supplemental report as directed

(1) BOY Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parent Married Yes (7) DATE OF BIRTH Feb 2 1923  
 (Name of Month) (Day) (Year)

FATHER. (9) FULL NAME Riley Jones MOTHER. (14) NAME BEFORE MARRIAGE Hannie Elizabeth Sharp

(10) PRESENT POSTOFFICE OF FATHER Hornea Path S.C. (15) PRESENT POSTOFFICE OF MOTHER Hornea Path S.C.

(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 22 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
 (Years) (Years)

(13) BIRTHPLACE Auderson Co. (18) BIRTHPLACE Cherokee Co.

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:14 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Williams (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hornea Path 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 Feb 28 1923 (28) Jennie Williams 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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