

WRITTEN CAREFULLY, WITH UNFAVORABLE INK—FILL IN A PERMANENT RECORD.
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.
S. M.—In case of TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
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(1) PLACE OF BIRTH

County of Calhoun
Township of St. Michaels
OR
Inc. Town of St Michaels
OR
City of St Michaels

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41864

Registration District No. 1408 Registered No. 7
(For use of Local Registrar)

(No. 1 S 1 Ward 1)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child J. B. Jones If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet Single (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16th 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Step Jones
(9) PRESENT POSTOFFICE OF FATHER Asheboro, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32
(Year) (12) BIRTHPLACE Hampton Co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Williams
(15) PRESENT POSTOFFICE OF MOTHER Asheboro, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16
(Year) (18) BIRTHPLACE Hampton Co.
(19) OCCUPATION House Wife
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who, was alive at 1 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Williams
(24) State whether Physician or Midwife (25) Address of Physician or Midwife St Michaels

Given name added from a supplemental report

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

(27) Filed Jan 9th 1923 (28) Neo Blumenspiegel 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.