

5/24/43

U. S. Dept. of Commerce
Bureau of the Census1. PLACE OF BIRTH
Sumter

County of.....

Township of.....

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)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4108 Registered No. (For use of Local Registrar)

FILE

23 048077

01372

2. FULL NAME OF CHILD..... Susanna Jones

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

3. Boy or girl girl 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents married? yes 8. Date of birth May 29 1923 (Month, day, year)

9. Full name George FATHER Jones

18. Name before marriage Anna MOTHER Keith

10. Residence (mailing address) (If non-resident, give place and State) RFD 4 Box 179 Sumter, S.C.

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11. Color or race Negro 12. Age at child's birth 33 (years)

20. Color or race Negro 21. Age at child's birth 27 (years)

13. Birthplace (city or place) (State or country) Sumter

22. Birthplace (city or place) (State or country) Sumter

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work June 1943 17. Total time (years) spent in this work 30

25. Date (month and year) last engaged in this work June 1943 26. Total time (years) spent in this work 26

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn none

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 3 P.m. on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report..... (Date of)

(Signed) George Jones Parent

or..... Guardian

Address Sumter

Filed June 19, 1943 Registrar

Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)