

Form No. 1

(1) PLACE OF BIRTH

County of Berkley
 Township of Easton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3298

Registration District No. 708 Registered No. 14
 (For use of Local Registrar)

(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 Effie Jones

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

3. SEX OF GIRL? Yes (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 10th 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME John Jones
 9. PRESENT POSTOFFICE OF FATHER Cross St.
 10. COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Years)
 12. BIRTHPLACE Berkley Co
 13. OCCUPATION Farmer
 20. Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Brown
 (15) PRESENT POSTOFFICE OF MOTHER Cross St.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Berkley Co
 (19) OCCUPATION Housewife
 (21) 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 Born alive at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Richardson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cross St.

Given name added from a supplemental report

(26) Witness Lillian Cross

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

(27) Filed Feb. 16th 22(28) 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.

MARGIN RESERVED FOR INDEXING, WITH SPACING, WITH SPACING, PREPARE BLANK FOR EACH CHILD, and mark the
 N. B.—In case of stillbirth, No. 1, this OTHER, No. 2, etc., in question 5.