

THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Wake</u>		STATE OF SOUTH CAROLINA		17359	
Township of <u>Schultz</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>213</u>		Registered No. <u>27</u>	
or				(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 <u>Frank Richard Jones</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 19, 1932</u>	
		To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Louis Jones</u>			(14) NAME BEFORE MARRIAGE <u>Rosa () Jones</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Augusta Ga. R6</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Augusta Ga R6</u>		
(10) COLOR OR RACE <u>Blk</u>			(16) COLOR OR RACE <u>Blk</u>		
(11) AGE AT LAST BIRTHDAY <u>30 (y)</u>			(17) AGE AT LAST BIRTHDAY <u>76 (y)</u>		
(12) BIRTHPLACE <u>✓</u>			(18) BIRTHPLACE <u>✓</u>		
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>None</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. <u>all 45 R.L.</u>					
(Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Carrie Greenwood</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Augusta Ga R6</u>					
Given name added from a supplemental report			(26) Witness		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>6/25</u> 1932 (28) <u>A.R. Medlock</u> 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.