

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Brushy Creek  
 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  
**17512**

Registration District No. 30.2... Registered No. 54...  
 (For use of Local Registrar)

(2) Full Name of Child Mera Jones

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

3. BOY OR GIRL Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH June 1, 1922  
 (Name of Month) (Day) (Year)

## FATHER

8. FULL NAME John Jones  
 9. PRESENT POSTOFFICE OF FATHER Williamston  
 10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 28  
 (Years) 12. BIRTHPLACE Anderson  
 13. OCCUPATION Farmer

## MOTHER

14. NAME BEFORE MARRIAGE Mae Gough  
 15. PRESENT POSTOFFICE OF MOTHER Williamston  
 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 19  
 (Years) 18. BIRTHPLACE Anderson  
 19. OCCUPATION Housewife  
 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 ..... at 7:30 P. M.,  
 on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
 al report

(26) Witness

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

(27) Filed July 16, 1922 (28) [Signature]  
 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 be reported as stillborn. No report is desired of stillbirths  
 before the fifth month of pregnancy.