

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY. WITH UNFAMING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 8.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of Bamberg
 Township of Franklin
 Inc. Town of.....
 City of.....

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

Registration District No. 402 Registered No. 113
 (For use of Local Registrar)
 (No. St. Ward)

(2) Full Name of Child James J. Jones

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

(3) SEX OF CHILD girl (4) Type or Token To be reported only in case of Twins or Triplets (5) Age at Birth 40 (6) DATE OF BIRTH Nov. 29, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bennie J. Jones
 (9) PRESENT OCCUPATION OF FATHER Smoker - 127 2 b 4
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39
 (Year) (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1 9

MOTHER.

(15) NAME BEFORE MARRIAGE Nettie Williams
 (16) PRESENT OCCUPATION OF MOTHER Smoker, 292 S b
 (17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 42
 (Year) (19) BIRTHPLACE S. Carolina
 (20) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) H. Manning Beatham M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Charlottesville

Given name added from a supplemental report

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

(27) Filed Dec. 9, 1923 (28) H. D. Kimball

When there was no attending physician or midwife, then the father, householder, etc., should report 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.