

Form No. 1

## (1) PLACE OF BIRTH

County of Berkeley  
 Township of Clinton  
 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

17721

Registration District No. 708 Registered No. 65  
 (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 Della 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 2nd 22  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Della Jones  
 9. PRESENT POSTOFFICE OF FATHER Cross St.  
 10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 22 (Years)  
 12. BIRTHPLACE Berkeley Co  
 13. OCCUPATION Farming

20. Number of children born to mother, including present birth 4

## MOTHER.

14. NAME BEFORE MARRIAGE Emma Bryan  
 15. PRESENT POSTOFFICE OF MOTHER Cross St.  
 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 20 (Years)  
 18. BIRTHPLACE Berkeley Co  
 19. OCCUPATION Housewife

21. Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

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

(27) Filed June 1st 22 (28) D. W. Cross  
 Registrar 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.

MADE IN COLUMBIA, COLUMBIA, S. C.  
 WHEN PRINTING, INDICATE THE YEAR IN A PERMANENT RECORD FOR EACH CHILD, and mark the year in the space provided for the year of birth, and mark the year in the space provided for the year of birth, and mark the year in the space provided for the year of birth.