

Form No. 1

(1) PLACE OF BIRTH

County of FlorenceTownship of Lynch

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

42417

Registration District No. 2010 Registered No. 97
(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 Frank Jones Council { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Dec 8 1922</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Myer Council(9) PRESENT POSTOFFICE OF FATHER Cowden, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Ethel Jones(15) PRESENT POSTOFFICE OF MOTHER Cowden, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:4 M.,
on the date above stated. Not Born alive or stillborn (Hour A. M. or P. M.)(23) (Signature) Annie W. Williams(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife, Cowden S.C.

Given name added from a supplemental report

(26) Witness E. L. Moulton

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

(27) Filed Dec 23 1922 (28) E. L. Moulton
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.