

(1) PLACE OF BIRTH

County of York
 Township of York
 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

12502

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Registration District No. 4408 Registered No.
 (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 Alfred Luther Jones

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

3) BOY OR GIRL Bo (4) Twin or Triplet
 To be answered only in event of Twins or Triplets

5) Are Parents Married? Yes

6) DATE OF BIRTH Feb 10 1923
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Alfred L. Jones

9) PRESENT POSTOFFICE OF FATHER York S.C.

10) COLOR OR RACE Wt. (11) AGE AT LAST BIRTHDAY 45
 (Year)

12) BIRTHPLACE York Co

13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Mamie Morris

15) PRESENT POSTOFFICE OF MOTHER York

16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (Year)

18) BIRTHPLACE York Co

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at 50 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) C. R. Dralton

(25) State whether Physician or Midwife (26) Address of Physician or Midwife
York S.C.

Given name added from a supplemental report

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

(27) Filed May 1 19 23 (29) Alfred L. Jones
 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.

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FIRST-BORN, No. 1 THEN OTHER, No. 2, etc. in question 2

Bureau of Columbia, Columbia, S. C.