

(1) PLACE OF BIRTH

County of Beaufort
 Township of Shadesville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 603B

File No.—for State Registrar Only

12981Registered No. 48
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Julia Jones If child is not yet named, make supplemental report as directed

(3) SEX OR girl (4) TWINS No (5) Number in 3 (6) Are Yes (7) DATE OF BIRTH May 28, 23
 To be reported only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Jones
 (9) PRESENT POSTOFFICE OF FATHER Yemassee P O
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Year)
 (12) BIRTHPLACE Colleton Co
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Eloza Wallace
 (15) PRESENT POSTOFFICE OF MOTHER Yemassee
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Year)
 (18) BIRTHPLACE Blairport P O
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, 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 4 P. M. on the date above stated. (Born alive or stillborn: Hour A. M. or P. M.)

(23) (Signature) Reta Marie

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28)

Local Registrar.

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 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.