

(1) PLACE OF BIRTH

County of *Laurens*Township of *Waterloo*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19293

In Town of .....

Registration District No. *2907*Registered No. *44*

(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 *Beatrice Marie Jones*

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

Sex *Female*(4) Twin or triplet? ☒(5) Number in order of birth *1*(6) Are Parents Married *Yes*(7) DATE OF BIRTH *June 1, 1929*

(Month of Month) (Day) (Year)

FATHER.

Full Name *W. F. Jones*Present Postoffice of Father *Waterloo*Color or Race *White*(11) AGE AT LAST BIRTHDAY *46*

(Years)

Birthplace *Laurens*Occupation *Farmer*Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Georgia L. Carpenter*(15) PRESENT POSTOFFICE OF MOTHER *Waterloo*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *37*

(Years)

(18) BIRTHPLACE *Laurens*(19) OCCUPATION *Housekeeper*(21) Number of children of this mother now living, including present birth *6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11:30* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dr. J. B. Jones*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Laurens*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *July 10, 1929*

(28)

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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