

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

2. Full Name of Child

File No.—For State Registrar Only

24531

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No.

(For use of Local Registrar)

St.; ..... Ward)

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

(3) BOY OR GIRL?

Male

(4) Twin or triplet?

No

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Henry Jones

(9) PRESENT POSTOFFICE OF FATHER

Inwood, D.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

Aiken Co., D.C.

(13) OCCUPATION

Farmer Laborer

(14) Number of children born to mother, including present birth

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rochie Calhoun

(15) PRESENT POSTOFFICE OF MOTHER

Inwood, D.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

Aiken Co., D.C.

(19) OCCUPATION

House wife Farm Laborer

(20) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... on the date above stated.

(23) (Signature) .....

(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

Sept 10

1912

(28)

H. C. Denson

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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