

(1) PLACE OF BIRTH

County of Sul
Township of Chickasaw
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

17793

Registration District No. 2204

Registered No. 34
(For use of Local Registrar)

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

2) Full Name of Child Carolina Jones

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

BOY OR GIRL? BOY GIRL (4) Twin or triplet? (5) Number in order of birth 1 (6) Are Parents Married? (7) DATE OF BIRTH June 2 1923
(Name of Month) (Day) (Year)

FATHER FULL NAME Luther P. Jones

MOTHER FULL NAME Mrs. Jones

PRESENT POSTOFFICE OF FATHER Sul R-5

PRESENT POSTOFFICE OF MOTHER Sul R-5

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Sul. County, S.C.

BIRTHPLACE Pickens County S.C.

OCCUPATION Farmer

OCCUPATION Domestic

Number of children born to mother, including present birth 4

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 as born on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Waynes S.C.

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by MARR.)
(27) Filed 6-29-1923 (28) [Signature] 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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