

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of SaludaTownship of # 2or  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23765

Registration District No. 3901 Registered No. 60  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) <del>BOY OR GIRL?</del> <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>6</u> <u>12</u> <u>1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Will Jones</u>			(14) NAME BEFORE MARRIAGE <u>Margaret P. Jones</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Florida</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Florida</u>	
(10) COLOR OR RACE <u>black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(12) BIRTHPLACE <u>Glasgow, Ga</u>			(18) BIRTHPLACE <u>Saluda</u>	
(13) OCCUPATION <u>Will Jones</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>12</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive 5 at 9 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucy Rabinson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
moderate word  
W. Van Sost

Given name added from a supplemental report

(26) Witness W. Van Sost  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 22 19 22 (28) Will 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.