

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of Orangeburg
Township of Bowman
or
Inc. Town of _____
or
City of _____

Standard Certificate of Birth STATE OF SOUTH CAROLINA

Registration District No. 3602 Registered No. _____
(For use of Local Registrar)
(No. _____ St. _____ Ward _____)

22 049246

FILE No.—For State Registrar Only
02278

2. FULL NAME OF CHILD Samuel Jones

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

3. (Boy) or Girl Boy 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents Married? yes 8. Date of birth Aug. 1 1922 19____
(Month, day, year)

9. Full name FATHER
James Jones

18. Name before marriage MOTHER
Emma Williams

10. Residence (mailing address) (If non-resident, give place and State) Bowman, S. C.

19. Residence (mailing address) (If non-resident, give place and State) Bowman S. C.

11. Color or race Negro 12. Age at child's birth 40 (years)

20. Color or race Negro 21. Age at child's birth 28 (years)

13. Birthplace (city or place) (State or country) Bowman
Orangeburg county, S. C.

22. Birthplace (city or place) (State or country) Branchville
Orangeburg, S. C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 16

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 8 (b) Born alive but now dead 2 (c) Stillborn None)

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 2:00 a.m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Emma Jones, Parent
or _____, Guardian

Given name added from a supplementary report _____ (Date of) _____

Address Bowman, S. C.

Filed 4/28/42, 19____ M. B. Woodward, Jr. Registrar.

Registrar.