

22 049246

1. PLACE OF BIRTH

County of OrangeburgTownship of Bowmanor
Inc. Town ofor
City of

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

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

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 Girl If Plural births 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 James Jones FATHER 18. Name before marriage Emma Williams MOTHER10. Residence (mailing address) Bowman, S. C. (If non-resident, give place and State) 19. Residence (mailing address) Bowman S. C.
(If non-resident, give place and State)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) Bowman (State or country) Orangeburg county, S. C. 22. Birthplace (city or place) Branchville
(State or country) 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 15 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work27. 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 GuardianGiven name added from a supplementary report
(Date of)Address Bowman, S. C.Filed 4/28/42, 19..... M. B. Woodward, Jr.
Registrar.

Registrar.

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.)