

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.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of LEXINGTON
Township of BULL SWAMP
or
Inc. Town of.....
or
City of.....

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

Registration District No. 3102

File No.—For State Registrar Only
23022

Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Jimmie May Jones

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH March 9 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rev. James J. Jones
(9) PRESENT POSTOFFICE OF FATHER Duncan
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28
(12) BIRTHPLACE Lexington Co
(13) OCCUPATION Minister of the Gospel
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Elicie May Jones
(15) PRESENT POSTOFFICE OF MOTHER Duncan
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE Lexington Co
(19) OCCUPATION House - work
(21) 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 born at 6 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Jones
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Duncan

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 24 22 (28) J. R. Pugh 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.