

(1) PLACE OF BIRTH

County of BambergTownship of 3 mileInc. Town of 3 mileCity of 3 mile

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

File No.—For State Registrar On.

10014Registration District No. 404Registered No. 30
(For use of Local Registrar)St. 30 Ward

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

(2) Full Name of Child Jal Frank Jones If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Parents Married? yes (7) DATE OF BIRTH April 23, 1922
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Eddie Jones (14) NAME BEFORE MARRIAGE Alice Bostie(9) PRESENT POSTOFFICE OF FATHER Fudge S.C. (15) PRESENT POSTOFFICE OF MOTHER Fudge S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18
(Years) (Years)(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.(13) OCCUPATION Farming (19) OCCUPATION Farming(20) Number of children born to mother, including present birth Two (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. G. Hines (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Eschard & Co

Given name added from a supplemental report

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

(27) Filed May 8, 1922 (28) H. G. Hines 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.

Registrar

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