

**(1) PLACE OF BIRTH**

County of Greenville  
 Township of Chesnee  
 OF  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

21183

Registration District No. 2204 Registered No. 104  
 (For use of Local Registrar)

(City of ..... (No. .... St.; ..... Ward)  
 if birth occurs in a hospital or other institution, give name of same instead of street and number)

**(2) Full Name of Child**

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

|  |  |  |   |  |
|--|--|--|---|--|
| 3. <input type="checkbox"/> BOY<br><input type="checkbox"/> GIRL           | (4) Twin or Triplet<br>To be answered only in event of Twin or Triplet | (5) Number in order of birth   | (6) Are Parents Married<br><u>Yes</u>             | 7. DATE OF BIRTH<br><u>July 31, 1925</u><br>(Name of Month) (Day) (Year) |
| 8. FATHER<br>FULL NAME <u>R. B. Jones</u>                                  |  | 9. MOTHER<br>FULL NAME <u>Myrtle Johnson</u>   |   |  |
| 9. PRESENT POSTOFFICE OF FATHER<br><u>Greenville</u>                       |  | 10. PRESENT POSTOFFICE OF MOTHER<br><u>Greenville</u>                                |   |  |
| 10. COLOR OR RACE<br><u>White</u>  | (11) AGE AT LAST BIRTHDAY<br><u>30</u><br>(Years)                      | 11. COLOR OR RACE<br><u>White</u>  | (12) AGE AT LAST BIRTHDAY<br><u>29</u><br>(Years) |  |
| 12. BIRTHPLACE<br><u>SC</u>  |  | 13. BIRTHPLACE<br><u>SC</u>  |   |  |
| 13. OCCUPATION<br><u>Groceryman</u>  |  | 14. OCCUPATION<br><u>Domestic</u>  |   |  |
| 15. Number of children born to mother, including present birth<br><u>6</u> |  | 16. Number of children of the mother now living, including present birth<br><u>6</u> |   |  |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was B. Jones at 8 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. G. Jones MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug 1, 1925

1925

25

(28)

25

(29)

25

(30)

25

(31)

25

(32)

25

(33)

25

(34)

25

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.

\*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.