

County of Jefferson
Township of High Rock
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3140

Registration District No. Registered No.
(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 Elizabeth Jones

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

1. BOY OR GIRL? girl

4. Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 28 1927

FATHER

9. FULL NAME James S. S. S.
10. PRESENT POSTOFFICE OF FATHER San Francisco, Calif.
11. COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY (Years) 36
12. BIRTHPLACE San Francisco
13. OCCUPATION Teacher
14. Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Hattie Black

(15) PRESENT POSTOFFICE OF MOTHER Smacks

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Smacks

(19) OCCUPATION House work

(21) Number of children of this mother 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was M.,
on the date above stated
(Born alive or stillborn? (Place A, B, or C in space.)

(23) (Signature) Melissa Black . P.M.
 (24) State whether Physician or Midwife ☒ Physician ☐ Midwife
 (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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

(27) Filed 11/11/19 (28) 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.