

(1) PLACE OF BIRTH

County of

Township of

or Loc. Town of

or City of

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

(2) Full Name of Child James Carlton Jones(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 5/13 1922 (Name) (Month) (Day) (Year)

To be answered only in event of Twin or Triplets

(8) FATHER John S. Carlton (9) MOTHER Laura Lu Jones(10) FULL NAME John S. Carlton (11) NAME BEFORE MARRIAGE Laura Lu Jones(12) PRESENT POSTOFFICE OF FATHER DEWITT, S. C. (13) PRESENT POSTOFFICE OF MOTHER DEWITT, S. C.(14) COLOR OR RACE Col (15) AGE AT LAST BIRTHDAY 32 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Year) (Year)(18) BIRTHPLACE Georgia (19) BIRTHPLACE Ala(20) OCCUPATION Teacher (21) OCCUPATION Teacher(22) Number of children born to mother, including present birth 2 (23) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born stillborn (Hour A. M. or P. M.) on the date above stated.(25) (Signature) J. J. Matheson(26) State whether Physician or Midwife (27) Address of Physician or Midwife DEWITT, S. C.

Given name added from a supplemental report

John S. CarltonJohn S. Carlton

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

John S. Carlton(29) Filed 6/1 (30) John S. Carlton 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.