

STATE OF SOUTH CAROLINA: }  
COUNTY OF CHARLESTON: }

PERSONALLY appeared before me EDNA G. PREGNALL, a Notary Public  
of South Carolina, ELENORA JONES who, being duly sworn, says:-  
that SHE is a resident of the City of Charleston, County and State  
aforesaid; that SHE is the MOTHER of: LEROY JONES who was born on

OCTOBER 14, 1923 at # 17 Hunan Street, in the City of Charleston,

City and County aforesaid that SHE has given the answers set forth  
on the Attached Return of Birth and that the same are true and Correct.

*Elenora Taylor Jones*

Mother

Elenora Jones.

SWORN to before me this

29th day of Sept. 1930 A. D.

*Edna G. Pregnall* L. S.

Edna G. Pregnall,  
Notary Public of S.C.

My commission expires at the will of the Governor.

STATE OF SOUTH

of Charleston

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA

Division of Vital Statistics

Sanitary Board of Health

Registration District No. \_\_\_\_\_

Charleston, S.C.

17 Hunan St.

NAME OF CHILD

LARRY JONES

1. Sex of child

Male

2. Race

White

3. Date of birth 10-10-1924

FATHER  
Edward Jones

MOTHER  
Eleanor Fyall

Address (usual place of abode)  
17 Hunan St.

Charleston

Char. S.C.

Occupation, profession, or particular  
Waiter

Industry or business in which  
work was done, as mill mill,  
lawmill, bank, etc.

Date (month and year) last  
engaged in this work

17. Total time (years)  
spent in this work

18. Full  
name

19. Residence (usual place of abode)  
17 Hunan St.

20. Color or race Colored

21. Birthplace (city or place)  
Char. S.C.

22. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc.

23. Industry or business in which  
work was done, as coal mine,  
lawyer's office, silk mill, etc.

24. Date (month and year) last  
engaged in this work

25. Total time (years)  
spent in this work

Number of children of this mother  
(time of this birth and including this child) (a) Born alive and now living 7

(b) Born alive but now dead 1

26. Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was DEAD 10-10-1924

(If there was no attending physician  
state that the father, mother, or  
other person should make the report.)  
Name added from  
hospital report

(Date of)

(Signed) LARRY JONES DEAD  
17 Hunan St.  
Char. S.C.

Address  
17 Hunan St.  
EMMA G. PREGNALL  
PHYSICIAN

K O D A K