

PL. 1
(1) PLACE OF BIRTH

County of York
Township of Europe
or
Loc. Town of

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

File No.—For State Registrar Only
16720

Registration District No. W-0-273 Registered No. 25
(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 Annice Jones If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 26 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Rud Jones
(9) PRESENT POSTOFFICE OF FATHER Spte SC R 2
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 35
(Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Lucibe Mabriseth
(15) PRESENT POSTOFFICE OF MOTHER Spte SC R 2
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 20
(Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Ewell M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spte SC R 2

Given name added from a supplemental report
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19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 1922 (28) W. W. Painter
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.