

(1) PLACE OF BIRTH

County of York
 Township of Europe
 or
 Loc. 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
16720

Registration District No. 400283 Registered No. 25
 (For use of Local Registrar)

(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 Annie 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 1 (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 Mabrineth
 (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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

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

Given name added from a supplemental report

(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.