

Form No. 1

(1) PLACE OF BIRTH

County of DillonTownship of DillonInc. Town of DillonCity of Dillon

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 16-58

File No.—For State Registrar Only

42055

Registered No. 58
(For use of Local Registrar)

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

(2) Full Name of Child Freddie Jones

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

3) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>No</u>	7) DATE OF BIRTH <u>Dec 16 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
8) FULL NAME <u>Frank Jones</u>	14) NAME BEFORE MARRIAGE <u>Aminie May Erbe</u>	9) PRESENT POSTOFFICE OF FATHER <u>Dillon S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Dillon S.C.</u>
10) COLOR OR RACE <u>Caucasian</u>	16) COLOR OR RACE <u>Caucasian</u>	11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	17) AGE AT LAST BIRTHDAY <u>15</u> (Years)
12) BIRTHPLACE <u>Dillon S.C.</u>	18) BIRTHPLACE <u>Dillon S.C.</u>	13) OCCUPATION <u>Public Works</u>	19) OCCUPATION <u>Coast</u>
20) Number of children born to mother, including present birth <u>1</u>	21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 2 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ordina Belcher(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Dillon S.C.

Given name added from a supplemental report

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

(27) Filed 2/22/22 (28) B. J. Wilcox 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOBAY OF COLUMBIA, COLUMBIA, S. C.