

IN ANSWERING QUESTIONS 1 TO 21, GIVE THE NAME OF EACH CHILD, AND MARK THE SEX, AGE, COLOR, ETC., IN THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Darlington
Township of Buford Bridge
OR
Inc. Town of Olas
OR
City of Se (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
40925

Registration District No. 401 Registered No. 130
(For use of Local Registrar)

(2) Full Name of Child Bess Jones Jr (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 8 1922</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Ben Jones Sr</u>	(14) NAME BEFORE MARRIAGE <u>Leslie Rice</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Olas Se</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Olas Se</u>			
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Darlington Co</u>		(18) BIRTHPLACE <u>Olas Se</u>		
(13) OCCUPATION <u>farmer</u>		(19) OCCUPATION <u>farmer</u>		
(20) Number of children born to mother, including present birth <u>2</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 at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hattie Stewart
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Olas Se

Given name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
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(27) Filed Dec 28 1922 (28) J. E. Bennett
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.

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