

MARGIN RESERVED FOR BINDING.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

REGISTRATION DISTRICT, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of .....  
 Township of .....  
 or  
 Inc. 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

2830

Registration District No. .... Registered No. ....  
 (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 Onuma Victoria Jones

(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 Feb 22 1922  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Ephraim Jones  
 (9) PRESENT POSTOFFICE OF FATHER Lowndesville S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Ga.  
 (13) OCCUPATION Farm. w.  
 (20) Number of children born to mother, including present birth 4

MOTHER  
 (14) NAME BEFORE MARRIAGE Ruth K. Hoff  
 (15) PRESENT POSTOFFICE OF MOTHER Lowndesville S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37 (Years)  
 (18) BIRTHPLACE A.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 4 hrs. at 6 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. M. O. K. K. K.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) File 716.10 22 (28) J. H. K. K. K. 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.