

(1) PLACE OF BIRTH

County of MarlboroTownship of Barnwellor
Inc. Town ofor
City of

(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

23176

Registration District No. 3303Registered No. 23
(For use of Local Registrar)

(2) Full Name of Child

Supreme James

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 10 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John Wesley Jones(14) NAME BEFORE MARRIAGE Mandy Supreme(9) PRESENT POSTOFFICE OF FATHER Blumh...(15) PRESENT POSTOFFICE OF MOTHER Blumh...(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Marlboro Co(18) BIRTHPLACE Marlboro(13) OCCUPATION Farmer(19) OCCUPATION Dom Labor(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 11:00 AM on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Rachael Taylor

(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) Filed May 22 1922 (28) W. H. R. R. 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.