

Form No. 1

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Johns Island  
 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

33576

Registration District No. 925 Registered No. 92  
 (For use of Local Registrar)

City of ..... (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 Sarah Jones If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 4 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Edward Jones  
 (9) PRESENT POSTOFFICE OF FATHER Johns Island  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23  
 (12) BIRTHPLACE Johns Island  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Simmons  
 (15) PRESENT POSTOFFICE OF MOTHER Johns Island  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31  
 (18) BIRTHPLACE Johns Island  
 (19) OCCUPATION .....  
 (21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Cora H. Hite

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeJohns Island

Given name added from a supplemental report

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

(27) Filed Mr. 7 1922 (28) Mrs. C. H. Hite 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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.