

## (1) PLACE OF BIRTH

County of UNION  
 Township of JONESVILLE  
 or  
 Inc. Town of .....  
 or  
 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  
**24195**

Registration District No. 4204 Registered No. 5-2  
 (For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 30, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME E. C. Hines  
 (9) PRESENT POSTOFFICE OF FATHER Jonesville, S. C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE Startanburg, Co, S.C.  
 (13) OCCUPATION machinist

## MOTHER.

(14) NAME BEFORE MARRIAGE E. J. Jones  
 (15) PRESENT POSTOFFICE OF MOTHER Jonesville, S. C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE Startanburg, Co, S.C.  
 (19) OCCUPATION housekeeper  
 (20) Number of children born to mother, including present birth 4  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive 11 at A.M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. W. J. Douglas Jonesville, S. C.  
 (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 July 10, 1922 (28) 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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