

(1) PLACE OF BIRTH

County of YorkTownship of Elkor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 44 05

File No.—For State Registrar Only

26712

Registered No. 65
(For use of Local Registrar)(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 Helen Jewell

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

(3) BOY OR
GIRL Y(4) Twin
or Triplet X(5) Number in
order of birth X(6) Are
Parents
Married Yes(7) DATE OF
BIRTH July 9, 23

(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME Henry D. Jones(9) PRESENT
POSTOFFICE
OF FATHER Rock Hill (S.C.)(10) COLOR
OR
RACE W(11) AGE AT LAST
BIRTHDAY 23
(Years)(12) BIRTHPLACE York Co.(13) OCCUPATION Justice(20) Number of children born to
mother, including present birth 12

MOTHER

(14) NAME BEFORE
MARRIAGE Eva Bright Jones(15) PRESENT
POSTOFFICE
OF MOTHER Rock Hill(16) COLOR
OR
RACE W(17) AGE AT LAST
BIRTHDAY 19
(Years)(18) BIRTHPLACE Monroe H.P.(19) OCCUPATION Justice(21) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. J. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed 9/13 1923(28) J. Jones
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.*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.FIRST-BORN, No. 1. THE OTHER, No. 2, etc. IN QUEEN'S
COUNTY OF SOUTH CAROLINA, COLUMBIA, S. C.