

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Pisces
Township of 1
OR
Inc. Town of 1
OR
City of 1

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
16405

Registration District No. 3706 Registered No. 103
(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 Joseph David Jones

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

(3) BOY OR GIRL? B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 21 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Frederick Jones

MOTHER
(14) NAME BEFORE MARRIAGE Joey Cox

(9) PRESENT POSTOFFICE OF FATHER Pisces S.C.

(15) PRESENT POSTOFFICE OF MOTHER Pisces S.C.

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 5-3 (Year)

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 3 (Year)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE N.C.

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 10

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M. on this date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. S. Foster (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pisces

Given name added from a supplemental report

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

(27) Filed 19 (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.