

When on triplicate use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Richland
 Township of Lower
 OR
 Inc. Town of Eastover
 OR
 City of (No. St.; Ward)
 (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
 Registration District No. 3803

File No.—For State Registrar Only
32003

Registered No. 233
 (For use of Local Registrar)

(2) Full Name of Child Edmeter Jones (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 13th 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Albert Jones</u>	(14) NAME BEFORE MARRIAGE <u>Adel Johnson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>wedge field</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Eastover</u>
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Year)
(12) BIRTHPLACE <u>Eastover</u>	(18) BIRTHPLACE <u>wedge field</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farming</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) amy Roseborough
 (24) State whether Physician or Midwife midwife
 (25) Address of Physician or Midwife Eastover

Given name added from a supplemental report

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

(27) Filed 9/13/22 (28) A. J. Ferguson
 Registrar 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.