

(1) PLACE OF BIRTH

County of Pickens

Township of

Inc. Town of

City of Easley

(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

No. for State Registrar

18778

Registration District No. 37A ... Registered No. 83

(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 <u>Boy</u>	4) Twin or Triplet? To be covered only in event of Twin or Triplet	5) Number in order of birth	6) Age Previous Marriages <u>yes</u>	7) DATE OF BIRTH <u>June 21 1923</u> (Month of Birth) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Roy F. Jones</u>			14) NAME BEFORE MARRIAGE <u>Irene Thompson</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Easley</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Easley</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>			18) BIRTHPLACE <u>S.C.</u>	
13) OCCUPATION <u>Mechanic</u>			19) OCCUPATION <u>Housewife</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 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. Ralt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Easley

Given name added from a supplemental report

(26) Witness

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

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Registrar(27) Filed JUNE 29, 1923 (28) E. E. Wyatt, 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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