

WRITE PLAINLY. WITH ANSWERING INK—THIS IS A PREPARATION REQUIRED. IN CASE OF TWIN OR TRIPLETS AND A SECOND-BORN CHILD, fill in question 2. FIRST-BORN. No. 1 THE OTHER. No. 2, etc. in question 3.

(1) PLACE OF BIRTH

County of Laurie S.C.
Township of Tricks
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21664

Registration District No. 2523

Registered No. 31
(For use of Local Registrar)

(2) Full Name of Child

Paul Jones

(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 2, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Jones</u>			(14) NAME BEFORE MARRIAGE <u>Lucy Rice</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Remo</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Remo</u>	
(10) COLOR OR RACE <u>Color</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(16) COLOR OR RACE <u>Color</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Year)	
(12) BIRTHPLACE <u>Remo</u>			(18) BIRTHPLACE <u>Rice Place</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Shoemaker</u>	
(20) Number of children born to mother, including present birth <u>13</u>			(21) Number of children of this mother now living, including present birth <u>13</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lucy Rice
(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Remo

Given name added from a supplemental report

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

(27) Filed July 23, 1923 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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