

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Bullock Creek

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32740

Registration District No. 4403Registered No. 45
(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

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

3) BOY OR GIRL?

Boy

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

Yes

7) DATE OF BIRTH

Sept 3, 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

James Earl Jones

9) PRESENT POSTOFFICE OF FATHER

Bullock Creek SC

10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25
(Years)

12) BIRTHPLACE

York Co SC

13) OCCUPATION

Farmer

MOTHER.

14) NAME BEFORE MARRIAGE

Banthead Annie Myrtle

15) PRESENT POSTOFFICE OF MOTHER

Bullock Creek SC

16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19
(Years)

18) BIRTHPLACE

York Co SC

19) OCCUPATION

Housewife

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

1

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 Born alive at 2 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Charles H. Humes M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Sumner SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 5, 1922

(28)

W. C. Kirkhelf
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.

MARGIN RESERVED FOR RECORDS.

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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.