

(1) PLACE OF BIRTH

County of Richland Co.

Township of

Inc. Town of

City of Columbia S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Jones(3) SEX OR CHILD Boy(4) Twin or Triplet one(5) Number in order of birth 1st(6) Age Parent Married 20(7) DATE OF BIRTH June 19, 1922

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

(8) FULL NAME Robert Jones(9) PRESENT POSTOFFICE OF FATHER 1712 Wheel St(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 47(12) BIRTHPLACE Wine Montford S.C.(13) OCCUPATION Tax Laborer(14) Number of children born to mother, including present birth Three(14) NAME BEFORE MARRIAGE Melie Harris(15) PRESENT POSTOFFICE OF MOTHER 1712 Wheel St(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 37(18) BIRTHPLACE Childs S.C.(19) OCCUPATION Wash. Woman(20) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Maggie Jones(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife 1412 Kelly St

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Signed June 19, 1922 (27) A. J. Sloan 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.