

MAINTAINED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. No. 2—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. Third child, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Berkeley
Township of Lowndes
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

41071

Registration District No. 703

Registered No.
(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 Corleone (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 31 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. A. Jones
(9) PRESENT POSTOFFICE OF FATHER Lowndes County, Ga.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Year)
(12) BIRTHPLACE Berkeley Co. Ga.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Stacy R. Jones
(15) PRESENT POSTOFFICE OF MOTHER Lowndes County, Ga.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Year)
(18) BIRTHPLACE Berkeley Co. Ga.
(19) OCCUPATION Farmer

(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 alive at 6 a.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lovena R. Jones
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lowndes

Given name added from a supplemental report

(26) Witness W. M. D. Jones (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 11 1923 (28) D. M. Garrison 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.