

## (1) PLACE OF BIRTH

County of Chesterfield  
 Township of Pageland  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only  
**23982**

Registration District No. 1206Registered No. 96  
(For use of Local Registrar)

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

(2) Full Name of Child Jones, Lillian Keziah

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

3) BOY OR GIRL Boy 4) Twin or Triplet Twin 5) Number in order of birth 2 6) Are Parents Married yes 7) DATE OF BIRTH Aug. 29 1923  
 (Name of Month) (Day) (Year)

FATHER  
 8) FULL NAME Dock Keziah  
 9) PRESENT POSTOFFICE OF FATHER Pageland, S.C.  
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 36  
 (Year)  
 12) BIRTHPLACE S.C.  
 13) OCCUPATION Sawyer.  
 20) Number of children born to mother, including present birth 13

MOTHER  
 14) NAME BEFORE MARRIAGE Lillian Keziah.  
 15) PRESENT POSTOFFICE OF MOTHER Pageland, S.C.  
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 36  
 (Year)  
 18) BIRTHPLACE S.C.  
 19) OCCUPATION Housewife  
 21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lillian Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifePageland.

Given name added from a supplemental report

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

(27) Filed 9/10 1923 (28) L. W. Winters 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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