

(1) PLACE OF BIRTH

County of Horry
Township of Lawton
OF
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
7861

Registration District No. 2401

Registered No. 13
(For use of Local Registrar)

(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 Cathy Jones

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 8

(6) Are Parents Married? Yes

(7) DATE OF BIRTH January 9, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Francis Jones

(9) PRESENT POSTOFFICE OF FATHER Jurman SC

(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 39
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Labourer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Missouri Beckett

(15) PRESENT POSTOFFICE OF MOTHER Jurman SC

(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 a.m. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Francis Jones

(24) State whether Father Physician or Midwife

(25) Address of Physician or Midwife Jurman SC

Given name added from a supplemental report

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

(27) Filed 1/17 19 27 (28) NT Ellis 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.

Only

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M. P. M.

wife

1/17

NT Ellis