

(1) PLACE OF BIRTH

County of Horry  
Township of Little Rivers  
or  
Inc. Town of .....

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

7955

Registration District No. 2507 Registered No. 3  
(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 Johnny Jones (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 Jan 23, 1922  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Carl Jones  
(9) PRESENT POSTOFFICE OF FATHER Little Rivers S.C.  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 51  
(Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) MARRIAGE BEFORE Ellen Newnam  
(15) PRESENT POSTOFFICE OF MOTHER Little Rivers S.C.  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32  
(Years)  
(18) BIRTHPLACE Little Rivers S.C.  
(19) OCCUPATION House & farm work  
(21) Number of children of this mother now living, including present birth Five

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive ..... nt. 5 P. M.  
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Mrs. Bryant (25) Address of Phys. or Midwife  
(24) State whether Physician or Midwife midwife Warespec

Given name added from a supplemental report

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

(27) Filed Jan 28, 1922 (28) C. C. McCreary 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.

PRINT-BIRTH, No. 1, 1915; FORM No. 2, etc., in Question 5. BUREAU OF COLUMBIA, Columbia, S. C.