

Form No. 1

(1) PLACE OF BIRTH

County of

Township of Wadsworthor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4523

Registration District No 2314 Registered No. 17
(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 Infant Helen Jones If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 5 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Henry Jones(9) PRESENT POSTOFFICE OF FATHER Wadsworth(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE S. C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Helen Moon(15) PRESENT POSTOFFICE OF MOTHER Wadsworth(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE S. C.(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Wadsworth M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Halantoe(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Wadsworth

Given name added from a supplemental report

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

(27) Filed Mar 8 1922 (28) Wm. Butler 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.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.