(1) PLACE OF BIRTH

County of Greenwood

Township of Walnut Grove

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
18959

Registration District No. 2-34 Registered No. 60
(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 Frank Preston Jones, Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		1	yes	May 31, 1922

FATHER.

(8) FULL NAME: Frank Preston Jones

(9) PRESENT POSTOFFICE OF FATHER: Van Shook. S.C.

(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 24 (Years)

(12) BIRTHPLACE: S C

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE: Pearl Beacham

(15) PRESENT POSTOFFICE OF MOTHER: Van Shook. S.C.

(16) COLOR OR RACE: white (17) AGE AT LAST BIRTHDAY: 21 (Years)

(18) BIRTHPLACE: S C

(19) OCCUPATION: Domestic

(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 born (Born alive or stillborn) at 7 A. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. J. Jones M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Van Shook. S.C.

Given name added from a supplemental report

Wm. B. Woodward M.D.

Jan 29, 1923 Registrar

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

(27) Filed July 1, 1922 (28) Allen Cauley 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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

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.