

(1) PLACE OF BIRTH

County of Barnwell
 Township of Wicksburg
 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

3184

Registration District No. 513 Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child

Paula Henry Jones (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

1. BOY OR GIRL <u>Boy</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>July 7, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>John Jefferson Jones</u>			14. NAME BEFORE MARRIAGE <u>Blay Vera Williams</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Esco, SC R#2</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Esco, SC R#2</u>	
10. COLOR OR RACE <u>Negro</u>	11. AGE AT LAST BIRTHDAY <u>25</u> (Years)	16. COLOR OR RACE <u>Negro</u>		
12. BIRTHPLACE <u>SC</u>	17. AGE AT LAST BIRTHDAY <u>21</u> (Years)			
13. OCCUPATION <u>Farm Hand</u>	18. BIRTHPLACE <u>SC</u>			
20. Number of children born to mother, including present birth <u>14</u>			19. OCCUPATION <u>Wife of John Jones</u>	
21. Number of children of this mother now living, including present birth <u>12</u>			22. Number of children of this mother now living, including present birth <u>12</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:19 M., on the date above stated. (Hour, M. or P. M.)

(23) (Signature) Adeline Jones

(24) State whether

Physician or Midwife Physician Address of Physi. or Midwife Wicksburg SC

Given name added from a supplemental report

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

(27) Filed July 27, 1922 (28) 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.

MAKING INDENTURE FOR BIRTH, DEATH, OR MARRIAGE IN A REGISTRATION DISTRICT, AND MARK THE DISTRICT IN WHICH THE BIRTH, DEATH, OR MARRIAGE OCCURRED. IN THE CASE OF A BIRTH, DEATH, OR MARRIAGE, THE REGISTRAR SHALL SIGN THE CERTIFICATE, AND IN THE CASE OF A BIRTH, DEATH, OR MARRIAGE, THE REGISTRAR SHALL SIGN THE CERTIFICATE, AND IN THE CASE OF A BIRTH, DEATH, OR MARRIAGE, THE REGISTRAR SHALL SIGN THE CERTIFICATE.