

(1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cherokee  
 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  
**20184**

Registration District No. 4002-a Registered No. 68  
 (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 J. W. Jones If child is not yet named, make supplemental report as directed

1 SEX OR Male 2 Twin or Triplet? No 3 Number in order of birth 2 4 Are Parents Married? Yes 5 DATE OF BIRTH June 2, 1922  
 To be answered only in event of Twins or Triplets (Month) (Day) (Year)

FATHER.  
 6 FULL NAME Will Jones  
 7 PRESENT POSTOFFICE OF FATHER Campers RFD 1  
 8 COLOR OR RACE W 9 AGE AT LAST BIRTHDAY 29 (Years)  
 10 BIRTHPLACE S.E.  
 11 OCCUPATION Farming  
 12 Number of children born to mother, including present birth 2

MOTHER.  
 14 NAME BEFORE MARRIAGE Malissa Bradley  
 15 PRESENT POSTOFFICE OF MOTHER Campers RFD 1  
 16 COLOR OR RACE W 17 AGE AT LAST BIRTHDAY 20 (Years)  
 18 BIRTHPLACE N.C.  
 19 OCCUPATION Housekeeping  
 20 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. alive at 12 A.M. on the date above stated. (Born alive or stillborn. (Hour, M., or P.M.))

(23) (Signature) J. C. McInnes  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherokee S.C.

Given name added from a supplemental report  
 .....  
 19 .....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 1, 1922 (28) J. Blackwell 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.

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.