

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Edgemoor  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19663

## (2) Full Name of Child

John Jones

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy(4) Twin or triplet? 1

To be answered only in case of twins or triplets

(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 3 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Jones

(9) PRESENT POSTOFFICE OF FATHER

Mount 12, R+V.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

30  
(Years)

(12) BIRTHPLACE

Orangeburg Camp

(13) OCCUPATION

Farmy.

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

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Beckie Mack

(15) PRESENT POSTOFFICE OF MOTHER

Mount 12

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

23  
(Years)

(18) BIRTHPLACE

Orangeburg Camp

(19) OCCUPATION

Gravel Hand

(21) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Orangeburg at 11:45 M.,  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Ella S. Farmer(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Mount 12

Given name added from a supplemental report

(26) Witness

M. G. Nelson  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Jan 15 1922(28) J. H. Mack

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.

Before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia.