

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
34936

(1) PLACE OF BIRTH

County of LongTownship of Gallatin Long

OR

Inc. Town of

OR

City of

Registration District No. 2505Registered No. 90
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>L</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 13 22</u> (Name of Month) (Day) (Year)
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FATHER.

(5) FULL NAME Harvey Carter Jones(8) PRESENT POSTOFFICE OF FATHER Aynor, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Long, S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl McHain(15) PRESENT POSTOFFICE OF MOTHER Aynor, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Marlboro Co., S.C.(19) OCCUPATION W. Fi.(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 alive... at 8:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. King(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Aynor, S.C.

Given name added from a supplemental report

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

(27) Filed 19 (28) W. E. King
Registrar 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.