

(1) PLACE OF BIRTH

County of FlorenceTownship of Liberty

Inc. Town of

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

4115

Registration District No. 200Registered No. XI 4

(For use of Local Registrar)

2) Full Name of Child

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

SEX OF CHILD

(4) Twin or Triplet?

(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 26 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edmund Webster Jones(9) PRESENT POSTOFFICE OF FATHER Liberty(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Florence Co(13) OCCUPATION Farmer(14) Number of children born to father, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Lucama McLaughlin(15) PRESENT POSTOFFICE OF MOTHER Liberty(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Florence Co(19) OCCUPATION Housewife(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 alive at 12-3 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Liberty

When name added from a supplemental report

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

(27) Filed 9/10 22 (28) [Signature] Local Registrar

If no attending physician or midwife, then the father, householder, etc., should make this return. If even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.