

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. Marks
 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
41791

Registration District No. 1910 Registered No. 447
 (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 Calie Jones (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 9, 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Samuel Jones</u>	(14) NAME BEFORE MARRIAGE <u>C Evelina Henry</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Fountain L.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Fountain L.C.</u>
(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>L.C.</u>	(18) BIRTHPLACE <u>L.C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive nt. 5 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Baker
 (24) State whether Physician or Midwife M.W. (25) Address of Physician or Midwife Fountain L.C.

Given name added from a supplemental report
 (26) Signature of Witness necessary only when question 23 is signed by mark
 (27) Dec 14, 1922 (28) W. P. Spruth (Local Registrar)

*When there was no attending physician or midwife, the father, householder, etc., should make this report. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirth before the first month of pregnancy.