

(1) PLACE OF BIRTH

County of

Township of

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

2208

Registration District No. 3707 Registered No. 1
(For use of Local Registrar)(2) Full Name of Child. Thomas Ethel Jones If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Girl (4) Twin or Triplet? 4 (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH February 17, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Henry Jones(9) PRESENT POSTOFFICE OF FATHER Pickens #4(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1.....4.....

MOTHER

(14) NAME BEFORE MARRIAGE Bessie Jones(15) PRESENT POSTOFFICE OF MOTHER Pickens #4(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1.....4.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. R. B. Harrison (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pickens #4

Given name added from a supplemental report

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

(27) Filed Jan. 18, 1922 (28) L. J. Smith 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.