

RIGHT 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.

Madison or Columbia, S. C.

(1) PLACE OF BIRTH

County of York
Township of Bethesda
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
32723

Registration District No. 4401 Registered No. 72
(For use of Local Registrar)

(2) Full Name of Child Edward Jones

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? No (7) DATE OF BIRTH Sept 10 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Ed Jones
(9) PRESENT POSTOFFICE OF FATHER Mt. Connellsville SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY about 30
(12) BIRTHPLACE S.C.
(13) OCCUPATION Day laborer (field)
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Annabel Williams
(15) PRESENT POSTOFFICE OF MOTHER Guthrieville SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY about 24
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sophia Thomas

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Guthrieville SC

Given name added from a supplemental report

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

19 1922 Registrar S. H. Love 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.