

MARGIN RESERVE FOR BINDING.
 WHITE 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.

MOBAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of FlorasenceTownship of Timmons

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

38360

Registration District No. 2015Registered No. 90
(For use of Local Registrar)(2) Full Name of Child Chelburne Jones If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Paul Jones

(9) PRESENT POSTOFFICE OF FATHER

Timmons

(10) COLOR OR RACE

Col.(11) AGE AT LAST BIRTHDAY
(Years)37

(12) BIRTHPLACE

Florasence Co

(13) OCCUPATION

Salvager

(20) Number of children born to mother, including present birth

17

MOTHER.

(14) NAME BEFORE MARRIAGE

Blanche Darks

(15) PRESENT POSTOFFICE OF MOTHER

Timmons

(16) COLOR OR RACE

Col.(17) AGE AT LAST BIRTHDAY
(Years)36

(18) BIRTHPLACE

Florasence Co

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Agust 12 1923 R. H. Nelson
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.