

5-21-51 rs

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nc no in hall

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland
Township of _____
or
Inc. Town of _____
or
City of Columbia

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-A

FILE No.—For State Registrar Only

00-010053

Registered No. _____

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD ELLA GRACE JONES

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

3. Boy or Girl Girl 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature 7. Are Parents Married? yes 8. Date of birth 2/23, 1951
(Month, day, year)9. Full name Godfrey Jones FATHER18. Name before marriage Malissia Hopkins MOTHER

10. Residence (mailing address) (If non-resident, give place and State)

19. Residence (mailing address) (If non-resident, give place and State) 244 Stark St11. Color or race C 12. Age at child's birth 31 (years)20. Color or race C 21. Age at child's birth 38 (years)13. Birthplace (city or place) Blair, S.C. (State or country)22. Birthplace (city or place) Blair, S.C. (State or country)

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... Cook

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

16. Date (month and year) last engaged in this work November, 193925. Date (month and year) last engaged in this work 2/21/51, 195117. Total time (years) spent in this work 16...26. Total time (years) spent in this work 22...27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living... 6... (b) Born alive but now dead... 1... (c) Stillborn... 1...

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report _____ (Date of) _____

Registrar.

(Signed) Malissia Jones Parent or _____ GuardianAddress 2404 Stark St.Filed 5-22, 19 51 Thos. P. Lesesne

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)