

Form No. 1

(1) PLACE OF BIRTH

County of York
Township of Hamstead
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

6631

Registration District No. 111.0.6 Registered No. 7
(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 Quinn Jones If child is not yet named, make supplemental report as directed

1. BOY OR GIRL? girl 4. Twin or Triplet? To be answered only in event of Twins or Triplets 5. Number in order of birth 6. Age—Parents Married? No 7. DATE OF BIRTH Feb 9th 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME W. J. Jones
9. PRESENT POSTOFFICE OF FATHER Hamstead
10. COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 26 (Year)
12. BIRTHPLACE SC
13. OCCUPATION Public Works
14. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Lena Williams
15. PRESENT POSTOFFICE OF MOTHER Hamstead
16. COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 26 (Year)
18. BIRTHPLACE SC
19. OCCUPATION Domestic
20. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 10:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lena Williams
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hamstead

Given name added from a supplemental report

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

(27) Filed April 9th 1923 Wm. H. Russell 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.

SEALING REQUIRED FOR BUREAU. WHITE PLAIN. WITH SEALING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET, use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN No. 1, THE OTHER, No. 2, etc., in question 5.