

MAJOR RESERVE 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.

(1) PLACE OF BIRTH
 County of Dalmeida
 Township of Winnonsville
 or
 Inc. TOWN of.....
 or
 City of..... (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 Charlie Edward Jones (If child not yet named, make supplemental report as directed)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
34471

Registration District No. 22 Registered No. 70
 (For use of Local Registrar)

(3) SEX Boy **(4) Twin or Triplet?** No **(5) Number in order of birth** 1 **(6) Are Parent Married?** Yes **(7) DATE OF BIRTH** 9-14-22
 (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Leo Green
(9) PRESENT POSTOFFICE OF FATHER Winnonsville
(10) COLOR OR RACE Negro **(11) AGE AT LAST BIRTHDAY** 25 (Years)
(12) BIRTHPLACE NC
(13) OCCUPATION Job work

MOTHER.
(14) NAME BEFORE MARRIAGE Ethel Adams
(15) PRESENT POSTOFFICE OF MOTHER NC
(16) COLOR OR RACE Negro **(17) AGE AT LAST BIRTHDAY** 19 (Years)
(18) BIRTHPLACE NC
(19) OCCUPATION House work
(21) 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 Alive at 8 A.M., on the date above stated. (Born alive or stillborn) (Hour, M., or P.M.)

(23) Signature Hattie Smith **(24) Name of Physician or Midwife** Hattie Smith **(25) Address of Physician or Midwife** Winnonsville

(26) Witness R. H. Nelson (Signature of Witness necessary only when question 22 is signed by "may")

(27) Filed 9/23/22 **(28) Local Registrar.** R. H. Nelson

*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.