

(1) PLACE OF BIRTH

County of BerkeleyTownship of Centervilleor
Inc. Town of

City of

(No. St. Ward)
(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

20012

Registration District No. 908 Registered No. 651
(For use of Local Registrar)(2) Full Name of Child Marie Jones If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 22, 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Adam Jones(9) PRESENT POSTOFFICE OF FATHER Centerville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Berkeley Co.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Hettie Palmer(15) PRESENT POSTOFFICE OF MOTHER Centerville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39
(Years)(18) BIRTHPLACE Berkeley Co.(19) OCCUPATION House wife(20) 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 born alive 6 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adeline Jones (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Centerville S.C.

Given name added from a supplemental report

(26) Witness William C. Jones (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 23, 1923 (28) D. W. Jones 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.