

Form No. 1

## (1) PLACE OF BIRTH

County of Richland  
 Township of North  
 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

37490 X

Registration District No. 38.5 Registered No. 5  
 (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 Antiles, Louise 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 Nov 15 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James H. Jones  
 (9) PRESENT POSTOFFICE OF FATHER North  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Pauline Jones  
 (15) PRESENT POSTOFFICE OF MOTHER North  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Farmer's wife

(20) Number of children born to mother, including present birth 1 child

(21) Number of children of this mother now living, including present birth 1 child

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. A. Pinner(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife North, S.C.

Given name added from a supplemental report

(26) Witness

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

19  
 Registrar

(27) Filed 11.20 1923 (28) John L. Gaddy 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.