

(1) PLACE OF BIRTH

County of *San Juan*Township of *Private*

Inc. Town of

City of

(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 HealthRegistration District No. *41.04*

No. for State Register Only

30344

Registered No. *88*
(For use of Local Registrar)(2) Full Name of Child *Lager Jones*

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

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age of Mother *yes*(7) DATE OF BIRTH *Sept 16 1923*
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME *Nicky Jones*(9) PRESENT POSTOFFICE OF FATHER *Private*(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *21* (Years)(12) BIRTHPLACE *Private*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *One*

MOTHER.

(14) NAME BEFORE MARRIAGE *Hannie Jones*(15) PRESENT POSTOFFICE OF MOTHER *Private*(16) COLOR OR RACE *Light Skin* (17) AGE AT LAST BIRTHDAY *20* (Years)(18) BIRTHPLACE *Private*(19) OCCUPATION *House wife*(21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *7 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *[Signature]*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *[Address]*

Given name added from a supplemental report

(26) Witness *[Signature]*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *9/20 1923* (28) *[Signature]*
Registrar 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.