

(1) PLACE OF BIRTH

County of Harney
 Township of Gallinville Ferry
 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

19033

Registration District No. 2505 Registered No. 56
 (For use of Local Registrar)

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 Erlene 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? No (7) DATE OF BIRTH July 4 1922
 (Name of Month) (Day) (Year)

FATHER MOTHER.
 (8) FULL NAME Jack Allen (14) NAME BEFORE MARRIAGE Kate Jones
 (9) PRESENT POSTOFFICE OF FATHER Aymar, S.C. (15) PRESENT POSTOFFICE OF MOTHER Aymar, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 17
 (12) BIRTHPLACE Harney County (18) BIRTHPLACE Harney County
 (13) OCCUPATION Logging (19) OCCUPATION Farm work
 (20) Number of children born to mother, including present birth 1 (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 born alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Dr. J. M. Jones (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 10 1922 (28) Leo M. Magnus 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.

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