

Form No. 1

## (1) PLACE OF BIRTH

County of LaurensTownship of Sauzeletownor  
Inc. Town of .....or  
City of .....(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St. .... Ward) .....(2) Full Name of Child Mary Jones

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Sept 8 1922</u> (Month) (Day) (Year)
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FATHER.  
8) FULL NAME Alexander F. Jones9) PRESENT POSTOFFICE OF FATHER Lanzord, S.C.10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 44  
(Years)12) BIRTHPLACE Lanzord, S.C.13) OCCUPATION Farming20) Number of children born to mother, including present birth 5MOTHER.  
14) NAME BEFORE MARRIAGE Mary Hunter15) PRESENT POSTOFFICE OF MOTHER Lanzord, S.C.16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 32  
(Years)18) BIRTHPLACE Lanzord, S.C.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 330 P  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Jones(24) State whether, Physician or Midwife midwife(25) Address of Physician or Midwife Lanzord, S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mark)

..... 19 .....

(27) Filed Sept 18 1922 (28) L. Dorman  
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.

STATE PLAIN. WHEN CHILDBIRTH IS A TERNARY RECORD. 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.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

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

File No.—For State Registrar Only  
30995

Registration District No. 2905 Registered No. 38  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St. .... Ward) .....

(2) Full Name of Child Mary Jones If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Sept 8 1922</u> (Month) (Day) (Year)
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