

RECEIVED

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Department of Health
Bureau of Vital Statistics
State Board of Health

2042

County of Charleston

City of Charleston

Neighborhood of Charleston

City of Charleston

Registration District No. 600

Registered No. 62
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Pauline Mary Jones

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

(1) SEX OF CHILD Girl

(2) TIME OF BIRTH

(3) NUMBER IN ORDER OF BIRTH

(4) AGE OF MOTHER 42

(5) DATE OF BIRTH 2-24-22
(Name of Month) (Day) (Year)

FATHER

(1) FULL NAME Arthur J. Jones

(2) PRESENT RESIDENCE OF FATHER Pauline Island St.

(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 26
(Year)

(5) BIRTHPLACE Mo.

(6) OCCUPATION Soldier

(7) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT CHILD One

MOTHER

(1) FULL NAME Frances Miller

(2) PRESENT RESIDENCE OF MOTHER Pauline Island St.

(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 20
(Year)

(5) BIRTHPLACE Fla.

(6) OCCUPATION Housewife

(7) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT CHILD One

(8) I hereby certify that I attended the birth of this child on the date above stated.

at 9:45 P.
(Hour A. M. or P. M.)

(9) SIGNATURE OF REGISTRAR [Signature]

(10) SIGNATURE OF FATHER [Signature]

(11) SIGNATURE OF MOTHER [Signature]

(12) SIGNATURE OF WITNESSES [Signature]

(13) SIGNATURE OF REGISTRAR [Signature]

(14) SIGNATURE OF REGISTRAR [Signature]

(15) SIGNATURE OF REGISTRAR [Signature]