

Form No. 1

(1) PLACE OF BIRTH

County of BartholomewTownship of Fish Pond

or

Loc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 402

File No. — For State Registrar Only

37252

Registered No. 63
(For use of Local Registrar)

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 Joseph Calvin (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11 4 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Philip Jones(9) PRESENT POSTOFFICE OF FATHER Branchville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Kinsey(15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Sarah Jones Midwife(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Branchville S.C.

Given name added from a supplemental report

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

(27) Filed 11/13 1922 (28) J. C. Simon 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.