

## (1) PLACE OF BIRTH

County of Orange  
 Township of Rockledge  
 Inc. Town of.....  
 City of.....

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

No. 32728

Registration District No. 2601

Registered No. 63  
 (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 Thomas Jones If child is not yet named, make supplemental report as directed

(a) SEX OF CHILD Male (b) Type or Weight 2601 (c) Number in order of birth 1 (d) Date of Birth 10-4-23

**FATHER.**  
 (1) FULL NAME Geo. Jones  
 (2) PRESENT RESIDENCE OF FATHER Coosawhatchie  
 (3) COLOR OR RACE Negro (4) AGE AT LAST BIRTHDAY 28  
 (5) BIRTHPLACE South Carolina  
 (6) OCCUPATION Laborer  
 (7) Number of children born to mother, including present birth Two

**MOTHER.**  
 (1) NAME BEFORE MARRIAGE Anna Lee Miller  
 (2) PRESENT RESIDENCE OF MOTHER Coosawhatchie  
 (3) COLOR OR RACE Negro (4) AGE AT LAST BIRTHDAY 21  
 (5) BIRTHPLACE South Carolina  
 (6) OCCUPATION Housewife  
 (7) Number of children of this mother now living, including present birth Two

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
 (28) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(29) (Signature) Mary Jones  
 (30) State whether Physician or Midwife Midwife  
 (31) Address of Physician or Midwife Coosawhatchie  
 (32) Witness (Signature of Witness necessary only when question 28 is signed by mother) R. W. Roberts  
 (33) Filed 1923 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.