

Form No. 1

(1) PLACE OF BIRTH

County of BerkeleyTownship of Cataunor
Inc. Town ofor
City of

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

(2) Full Name of Child Ben Jones Jr

File No.—For State Registrar Only

17710

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 708 Registered No. 76
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL <u>GIRL</u>	(4) Twin or Triple? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 27th 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Ben Jones(9) PRESENT POSTOFFICE OF FATHER Cross St.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Berkeley Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jefferson(15) PRESENT POSTOFFICE OF MOTHER Cross St.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Berkeley Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:00 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rolline Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Cross St.

Given name added from a supplemental report

(26) Witness Rellie Cross
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 6th 1922 (28) D. W. Cross
Local RegistrarWhen 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.

MAKING RESERVES FOR BINDING.
WITH UNFOLDING INTERIOR IN A PERMANENT RECORD
N. M.—In case of TWINNING or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
SPRING-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MECHANICAL, COLUMBIA, S. C.