

(1) PLACE OF BIRTH

County of Greene

Township of

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40285

Registration District No. 2005 Registered No. 57
(For use of Local Registrar)(2) Full Name of Child Leon J. Jones

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

(3) SEX OR CHILD boy (4) Type or Name Twin (5) Number in order of birth 1st (6) Age 4y (7) DATE OF BIRTH Dec. 27, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lindsay Jones(9) PRESENT RESIDENCE OF FATHER Greene, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Greene(13) OCCUPATION Works on section of U.C.S.(14) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Betha Pours(15) PRESENT RESIDENCE OF MOTHER Greene, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE Greene(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Greene, S.C.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannah Cannon(24) State whether Physician or Midwife (25) Address of Physician or Midwife und n/

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Dec. 29, 1923 P. H. Bushman

*When there was no attending physician or midwife, then the father, householder, etc., should make the report 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.