

## (1) PLACE OF BIRTH

County of 22Township of Town Bridgeor  
Inc. Town of.....or  
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

31107

Registration District No. 3008 Registered No. 61  
(For use of Local Registrar)(2) Full Name of Child Eric May Jones (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Sept 2 19 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frederick Jones(9) PRESENT POSTOFFICE OF FATHER 420 Eastville St(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 21  
(Years)(12) BIRTHPLACE Walter Co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Leah Sawyer(15) PRESENT POSTOFFICE OF MOTHER 420 Eastville St(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE Walter Co SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Sattie Brownson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 416 Bismarville St

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 16 19 22

(28)

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.

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RECEIVED BY COLONIAL, COLUMBIA, S. C.