

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Hollow  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4921

Registration District No. 3107Registered No. 18  
(For use of Local Registrar)

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

## (2) Full Name of Child

John D. Jones

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

(3) BOY or GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 25 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Geo H. Hoon  
 (9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Stealy  
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 5 (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 White at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Stealy (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lancaster 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 19 (28) W. C. Stealy 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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STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C.  
 WHITE PLAIN, S. C.—In case of twins or triplets use a separate blank for each child, and mark the first-born, No. 1, the other, No. 2, etc., in question 5.