

(1) PLACE OF BIRTH

County of Richmond
 Township of St. Stephens
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only
20000

Registration District No. 1-1-1 Registered No. 1-1-1
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1919
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William R. Jones
 (9) PRESENT POSTOFFICE OF FATHER St. Stephens
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)
 (12) BIRTHPLACE St. Stephens
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Susan
 (15) PRESENT POSTOFFICE OF MOTHER St. Stephens
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Year)
 (18) BIRTHPLACE St. Stephens
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. H. Jones

(24) State whether Physician or Midwife Physician

(25) Address of Phys. or Midwife St. Stephens

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(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.