

(1) PLACE OF BIRTH

County of Fairfield
 Township of 14

OR
 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

42766

Registration District No. 1913

Registered No. 45
 (For use of Local Registrar)

(2) Full Name of Child Delia Jones

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

(3) BOY OR GIRL
Boy

(4) Twin or Triplet? -

(5) Number in order of birth -

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 11, 1913
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Chris Jones

(9) PRESENT POSTOFFICE OF FATHER Wilmington, SC

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 34
 (Years)

(12) BIRTHPLACE Fairfield Co. SC

(13) OCCUPATION Farm hand

(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Delia H. Hester

(15) PRESENT POSTOFFICE OF MOTHER Wilmington, SC

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 24
 (Years)

(18) BIRTHPLACE Fairfield Co. SC

(19) OCCUPATION Farm hand

(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 alive at 2 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. H. Young

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 11, 1913

(28) J. M. McMaster
 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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