

(1) PLACE OF BIRTH

County of BambergTownship of 3 milor
Inc. Town ofor
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

Registration District No. 404Registered No. 42
(For use of Local Registrar)(2) Full Name of Child Gerald Jones

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

(3) SEX OF CHILD Boy (4) Type or Status To be reported only in case of Twin or Triple (5) Number in order of birth 2 (6) Age at birth ys (7) DATE OF BIRTH March 11, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscar Jones
(9) PRESENT POSTOFFICE OF FATHER Eschardt S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25
(Year) (12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Crosby
(15) PRESENT POSTOFFICE OF MOTHER Eschardt S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19
(Year) (18) BIRTHPLACE S.C.
(19) OCCUPATION House Wife
(20) Number of children born to mother, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive or stillborn (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) Charlotte Copeland(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Eschardt S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Date April 4, 1923 (27) Registrar W. H. K. K.

When there was no attending physician or midwife, then the father, householder, or other person present at the birth must report as stillborn. No report is required if a child breathes even once. It must not be reported as stillborn before the fifth month of pregnancy.