

Form No. 1

(1) PLACE OF BIRTH

County of LEXINGTONTownship of ULL SWANor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21760

Registration District No. 3102 Registered No.
(For use of Local Registrar)Full Name of Child William Edward Jones 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 William Edward Jones Supplemental report as directed

(3) Sex of Child <u>Male</u>	(4) Twin or Triplet <u>✓</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>✓</u>	(7) DATE OF BIRTH <u>July 19 23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Lee Jones</u>	(14) NAME BEFORE MARRIAGE <u>William Beale</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Lexington</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lexington</u>

(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)
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(12) BIRTHPLACE <u>Lexington</u>	(18) BIRTHPLACE <u>Lexington</u>
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(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
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(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
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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. (Sign alive or deceased) (Hour A. M. or P. M.)(23) (Signature) William Beale
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife LexingtonGiven name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)AFFIDAVIT
M. A. WOODWARD, JR., 9/15, 1942
Registrar
(27) Filed 9/15/42 (28) Lexington 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.