

County of Fairfield  
Township of 9  
or  
Inc. Town of  
or  
City of

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 28222

Registration District No. 1898 Registered No. ....  
(For use of Local Registrar)

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

(2) Full Name of Child Maria Belle Jones If child is not yet named, make supplemental report as directed

(1) SEX OR GUILD Girl (2) Type or Trace Yes (3) Number in order of birth 1 (4) Age 1 (5) DATE OF BIRTH Sept 1 1923  
(Name) (Month) (Day) (Year)

**FATHER.**  
(1) FULL NAME Jas. Jones  
(2) PRESENT POSTOFFICE OF FATHER Union, S.C.  
(3) COLOR OR RACE Black (4) AGE AT LAST BIRTHDAY 38 (Year)  
(5) BIRTHPLACE Fairfield Co.  
(6) OCCUPATION Farmer  
(7) Number of children born to mother, including present birth 5

**MOTHER.**  
(1) NAME BEFORE MARRIAGE Marian Sanders  
(2) PRESENT POSTOFFICE OF MOTHER Union, S.C.  
(3) COLOR OR RACE Black (4) AGE AT LAST BIRTHDAY 30 (Year)  
(5) BIRTHPLACE Fairfield Co.  
(6) OCCUPATION Housewife  
(7) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(23) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn. (Hour, M. or P. M.))

(24) (Signature) Samuel S. Day (25) Address of Physician or Midwife 18 Union St. E. S.C.  
(26) State whether Physician or Midwife

Given name added from a supplemental report

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

(28) Filed Oct 1 1923 (29) 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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