

Form No. 1

(1) PLACE OF BIRTH

County of Marcho
Township of Red Bluff
or
Inc. Town of McCle
or
City of SC

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

Registration District No. 33a

File No.—For State Registrar Only
31333

Registered No. 112
(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 James Douglas Jones

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 30 1932
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Matthew Douglas Jones
(9) PRESENT POSTOFFICE OF FATHER McCle SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Marcho Co SC
(13) OCCUPATION Farmers

MOTHER
(14) NAME BEFORE MARRIAGE Mary Gosfrey
(15) PRESENT POSTOFFICE OF MOTHER McCle SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE NC
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. W. Jones
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife McCle SC

Given name added from a supplemental report

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

(27) Filed Oct 1 1932 (28) J. W. Jones 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.