

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41654

County of CharlestonTownship of St. Mary

or

Inc. Town of .....

or

City of .....

Registration District No. 1203 Registered No. 149

(For use of Local Registrar)

(No. .... 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. .... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE BIRTH Dec 10 1922 (Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME Paul C. Jones (14) NAME BEFORE MARRIAGE Hellie P. B. B. B.(9) PRESENT POSTOFFICE OF FATHER Charleston S.C. (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 72 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Charleston S.C. (18) BIRTHPLACE Charleston S.C.(13) OCCUPATION Farming (19) OCCUPATION Housekeeping(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 at 3:00 P. M., on the date above stated. (Hour A. M. or P. M.)(23) Signature Chas. B. B. B.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

191....

Registrar

(26) Witness .....

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

(27) Filed Jan 8 1923 (28) M. S. Watson 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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