

(1) PLACE OF BIRTH

County of BartholomewTownship of Fishers

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

2884

Registration District No. 402Registered No. 4
(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 Dorothy Jones

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

(3) SEX <u>Female</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Person Married <u>90</u>	(7) DATE OF BIRTH <u>2/20/23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>B. F. Jones</u>	(14) NAME BEFORE MARRIAGE <u>Katharine Jones</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Branchville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Branchville</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>GA</u>	(13) OCCUPATION <u>Surgeon at Mill</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Cornetist</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Branchville

Given name added from a supplemental report

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

(27) Filed 3/9/23 (28) J. C. Jones

When there is no attending physician or midwife, then the father, housewife, or other person must be reported as present. If a child, however, even then, it must not be reported as present. No report is to be made before the first month of pregnancy.