

MAINTAINED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown
Township of St. Y.
or
Inc. Town of Anderson S.C.
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

34510

Registration District No. 2-107 Registered No. 133
(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 Chambelle Jones If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 30 1922
(Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME <u>Isaac Jones</u>	(14) NAME BEFORE MARRIAGE <u>Clara Kelly</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson S.C.</u>				
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Year)		
(12) BIRTHPLACE <u>Georgetown Cong S.C.</u>		(18) BIRTHPLACE <u>Georgetown Cong S.C.</u>			
(13) OCCUPATION <u>Blacksmith helper & laborer</u>		(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive (Bora alive or stillborn) (Hour A. M. or P. M.) 1 P. M. on the date above stated.

(23) (Signature) Sally Williams Midwife
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Nov 4 1922 (28) W. H. Bailey 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.

Bureau of Columbia, Columbia, S. C.