

(1) PLACE OF BIRTH

County of Pickens
Township of Liberty
(or)
Inc. Town of
(or)
City of

CERTIFICATE OF BIRTH

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

Registration District No. 3705

File No. - 18850

Registered No. 66
(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 Rone

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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 18, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Adwell Rone
(9) PRESENT POSTOFFICE OF FATHER Liberty S.C.R. 3
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26
(12) BIRTHPLACE Pickens Co. S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mariane Kilpatrick
(15) PRESENT POSTOFFICE OF MOTHER Liberty S.C.R. 3
(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 28
(18) BIRTHPLACE Anderson S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 M. on the date above stated. (Born alive ~~stillborn~~) (Hour A. M. or P. M.)

(23) (Signature) Mrs. B. L. Ferguson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Liberty S.C.

Given name added from a supplemental report

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

(27) Filed July 8, 1923 (28) John T. Boyce 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.