

Form No. 1

(1) PLACE OF BIRTH

County of Harley
 Township of Little River
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7401

Registration District No. 207 Registered No. 8
 (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 Mary Letta Jones If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl 4) Twin or Triplet? - 5) Number in order of birth - 6) Are Parents Married? Yes 7) DATE OF BIRTH Jan 24 1923
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Thomas Franklin Jones9) PRESENT POSTOFFICE OF FATHER Wampscott10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 44 (Years)12) BIRTHPLACE Wampscott13) OCCUPATION Farmer20) Number of children born to mother, including present birth 7

MOTHER.

14) NAME BEFORE MARRIAGE Princess Elizabeth Jones15) PRESENT POSTOFFICE OF MOTHER Wampscott16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 37 (Years)18) BIRTHPLACE Wampscott19) OCCUPATION Housework21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Katherine Henderson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wampscott

Given name added from a supplemental report

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

(27) Filed Jan 30 1923 (28) W. C. McCaskey 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