

Form No. 1

## (1) PLACE OF BIRTH

County of Auderson  
 Township of Williamson  
 or  
 Inc. Town of Washburn  
 or  
 City of Washburn

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

314568

Registration District No. 32Registered No. 147  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. ESTER KLEEN St.) (Word)

(2) Full Name of Child Ernie Estelle Jones If child is not yet named, make supplemental report as directed

3. BOY OR GIRL?

Girl

4. Twin or Triplet?

To be answered only in event of Twin or Triplet

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

Dec 12 1922  
(Name of Month) (Day) (Year)

MOTHER.

8. FULL NAME

Ernie J. Jones

9. PRESENT POSTOFFICE OF FATHER

Washburn

10. COLOR OR RACE

white

11. AGE AT LAST BIRTHDAY

3  
(Years)

12. BIRTHPLACE

SC.

13. OCCUPATION

mill work

14. NAME BEFORE MARRIAGE

Ernie Jones

15. PRESENT POSTOFFICE OF MOTHER

SC.

16. COLOR OR RACE

white

17. AGE AT LAST BIRTHDAY

27  
(Years)

18. BIRTHPLACE

SC.

19. OCCUPATION

Domestic

20. Number of children of this mother now living, including present birth

5

21. Number of children born to mother, including present birth

9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 22 1922

(28) 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.