

## (1) PLACE OF BIRTH

County of LaurensTownship of Laurensor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39014 1/2

Registration District No. .... Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child William Crawford Jones { If child is not yet named, make supplemental report as directed(3) BOY OR  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH Nov. 10<sup>th</sup> 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Charles F. Jones(9) PRESENT  
POSTOFFICE  
OF FATHER Laurens S.C.(10) COLOR OR  
RACE white (11) AGE AT LAST  
BIRTHDAY 27  
(Years)(12) BIRTHPLACE  
Laurens Co., S.C.(13) OCCUPATION  
Painter(14) Number of children born to  
mother, including present birth { Two }

## MOTHER

(15) NAME BEFORE  
MARRIAGE Deenie Hails(16) PRESENT  
POSTOFFICE  
OF MOTHER Laurens S.C.(17) COLOR OR  
RACE white (18) AGE AT LAST  
BIRTHDAY 22  
(Years)(19) BIRTHPLACE  
Laurens Co., S.C.(20) OCCUPATION  
Housewife(21) Number of children of this mother  
now living, including present birth { Two }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:45 A. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Laurens S.C.Given name added from a supplement-  
al report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by male)(27) File 6-203 (28) [Signature]  
Local RegistrarWhen 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.