

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 5.

Form No. 1

(1) PLACE OF BIRTH

County of Charleston  
 Township of Johns Island  
 OF  
 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

41374

Registration District No. 92.5 Registered No. 111  
 (For use of Local Registrar)

(2) Full Name of Child Daisy 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? Yes (7) DATE OF BIRTH Dec. 16, 1922  
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Abraham Jones</u>		(14) NAME BEFORE MARRIAGE	<u>Ida Hard</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Johns Island</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Johns Island</u>	
(10) COLOR OR RACE	<u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE	<u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE	<u>Johns Island</u>		(18) BIRTHPLACE	<u>Johns Island</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Farmer Laborer</u>	
(20) Number of children born to mother, including present birth	<u>Four</u>		(21) Number of children of this mother now living, including present birth	<u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Celia Chisolm  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)  
 (27) Filed Dec. 31, 1922 (28) Mrs. G. M. Hills 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.

MECHANICAL COLUMBIA, S. C.