

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

2696

Registration District No. 747A Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child Edward A. Jones

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Sex or sex of child (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 13

(8) FATHER'S FULL NAME Alford O. Jones (9) MOTHER'S FULL NAME Leah Benson

(10) PRESENT POSTOFFICE OF FATHER Langley O C (11) PRESENT POSTOFFICE OF MOTHER Langley O C

(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 42 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 37

(16) BIRTHPLACE Langley O C (17) OCCUPATION Farmer (18) BIRTHPLACE Langley O C (19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 2 (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 born 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 Feb 20 1913 (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.

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