

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.
Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 24290
County of <u>Edgefield</u> Township of <u>Backen</u> or Inc. Town of or City of (No. St.; Ward)		Registration District No. <u>1 A 0 0</u> Registered No. <u>31</u> (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (2) Full Name of Child <u>Archie Lee Jones</u>		
(3) BOY OR GIRL <u>Girl</u> (4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth (6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 30 1923</u> (Name of Day) (Day) (Year)
FATHER.		MOTHER.
(8) FULL NAME <u>Thomas Jones</u>		(14) NAME BEFORE MARRIAGE <u>Fanny Ryan</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Edgefield, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Edgefield, S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	(16) COLOR OR RACE <u>Negro</u>
(12) BIRTHPLACE <u>Edgefield</u>	(13) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(15) OCCUPATION <u>Laborer</u>		(16) BIRTHPLACE <u>Edgefield</u>
(15) OCCUPATION <u>Laborer</u>		(16) OCCUPATION <u>Laborer</u>
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE		
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>3 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)		
(23) (Signature) <u>Wm. L. Duke</u>		(24) State whether Physician or Midwife
(25) Address of Physician or Midwife <u>Edgefield, S.C.</u>		(26) Address of Physician or Midwife
(27) Witness (Signature of Witness necessary only when question 23 is signed by mark)		(28) Filed <u>9/10/23</u> <u>Oct 10 1923</u> Registrar
(29) Given name added from a supplemental report		
*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.		