

## (1) PLACE OF BIRTH

County of Greenville, SC  
 Township of .....  
 or  
 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

19390

Registration District No. 27.09Registered No. 32  
(For use of Local Registrar)

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

(2) Full Name of Child Robert William 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 June 8, 1932  
 (To be answered only in event of Twins or Triplets) (Same of Month) (Day) (Year)

## FATHER.

8. FULL NAME W. H. Jones  
 9. PRESENT POSTOFFICE OF FATHER .....  
 10. COLOR OR RACE ..... 11. AGE AT LAST BIRTHDAY 31 (Years)  
 12. BIRTHPLACE .....  
 13. OCCUPATION .....  
 20. Number of children born to mother, including present birth .....

## MOTHER.

14. NAME BEFORE MARRIAGE .....  
 15. PRESENT POSTOFFICE OF MOTHER .....  
 16. COLOR OR RACE ..... 17. AGE AT LAST BIRTHDAY 31 (Years)  
 18. BIRTHPLACE .....  
 19. OCCUPATION .....  
 21. Number of children of this mother now living, including present birth .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. H. Jones(24) State whether Physician or Midwife Physician (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 June 10, 1932 (28) Chas E Taylor 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.

Registrar .....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.

MARGIN HEREIN IS FOR BUNDLING. WITH UNPAID INVOICE—THIS IS A PERMANENT RECORD. WHITE PLAINLY. IN CASE OF TAKING OF THIS PLAINLY AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.