

## (1) PLACE OF BIRTH

County of Florence  
 Township of Hawesah  
 or  
 Inc. Town of Kingsburg  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**18660**

Registration District No. 2076

Registered No. ....  
 (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

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Jan. 16 25</u> (Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>William Solomon Jones</u>			14) NAME BEFORE MARRIAGE <u>Emmie Floyd Bayne</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Kingsburg SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Kingsburg SC</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>24</u> (Years)		16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
12) BIRTHPLACE <u>SC</u>			18) BIRTHPLACE <u>SC</u>	
13) OCCUPATION <u>Farming</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>One</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 Born alive on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. P. P. P.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
W. H. P. P. P.

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 30 1925 (28) W. H. P. P. P. 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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