

County of Alameda
Township of Alameda
or
Inc. Town of.....
or
City of

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

43625

Registration District No. _____

Registered No.
(For use of Local Registrar)

City of (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 Allen Jones ----- If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? <i>No</i> To be answered only in case of Twin or Triplet	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec 4 1922</i> (Name of Month) (Day) (Year)
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(8) FULL NAME **FATHER.** John Jones

(8) PRESENT POSTOFFICE OF FATHER *Warren*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *40*

(12)	BIRTHPLACE.	at home
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(3) OCCUPATION Farmer

(20) Number of children born to: 1 6

CERTIFICATE OF ATTENDANCE

(14) NAME BEFORE MARRIAGE **MOTHER.** *Ellen Carter*

(10) PRESENT POSTOFFICE *Waco, Tex.*

(16) COLOR OR WHITE (17) AGE AT LAST BIRTHDAY 36

(16) BIRTHPLACE *Marion*

(19) OCCUPATION *housewife*

(21) Number of children of this mother now living, including present birth

PHYSICIAN OR MIDWIFE

child, who was 2 yrs at 2 M.
(Born alive or stillborn) (Hour A. M. or P. M.)

Physician or Midwife	(25) Address of Physician or Midwife
Ed. J. J.	Manly D.C.

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

Local Registrar.

death stillborn. No report is treated as stillborn
month of pregnancy