

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. for this Register Only  
19646

County of Anderson

Township of Madison

or  
Inc. Town of .....

City of .....

Registration District No. 204

Registered No. 59

(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 Julia Rose Jones

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

BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 12 23 (Time of Month) (Day) (Year)

FATHER  
FULL NAME D. Anthony Jones

PRESENT POSTOFFICE OF FATHER Kennedy Crossin

COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Anderson County

OCCUPATION Laborer

Number of children born to mother, including present birth 4

MOTHER  
(14) NAME BEFORE MARRIAGE Amie Vaughn

(15) PRESENT POSTOFFICE OF MOTHER Kennedy Crossin

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Graniteville

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(3) I hereby certify that I attended the birth of this child, who was born alive at 2 P M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) D. M. Scott

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson

For name added from a supplemental report

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

(27) Filed 7/24/23 W. R. Turner Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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