

(1) PLACE OF BIRTH

County of SpokaneTownship of Nez Perce

Inc. Town of

City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child William

File No.—For State Registrar Only

20173

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40020Registered No. 80

(For use of Local Registrar)

(No. St.; Ward)

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

1. SEX OF CHILD
M/FM

2. Twin or Triplet?

3. Number in order of birth

To be answered only in case of Twins or Triplets

(5) Are Parents Married? Yes

(7) DATE OF BIRTH

June 28, 1922
(Name) (Month) (Day) (Year)

FATHER.

4. FULL NAME

Robert W. Jones

5. PRESENT POSTOFFICE OF FATHER

Lawrence, S. C.

6. COLOR OR RACE

W

11. AGE AT LAST BIRTHDAY

(Years)

34

7. BIRTHPLACE

S. C.

8. OCCUPATION

Farmer

MOTHER.

14. NAME BEFORE MARRIAGE

Edith Hughes

15. PRESENT POSTOFFICE OF MOTHER

Lawrence, S. C.

16. COLOR OR RACE

W

17. AGE AT LAST BIRTHDAY

(Years)

26

18. BIRTHPLACE

S. C.

19. OCCUPATION

House wife

20. Number of children born to mother, including present birth

5

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

on the date above stated.

(23) (Signature) Wm. Chapman

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Lawrence, S. C.

When name added from a supplemental report

(26) Witness

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

(27) Filed

July 10, 1922

(28)

J. Blackwell
Local Registrar

If 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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