

Form No. 1

(1) PLACE OF BIRTH

County of Liberty
 Township of #9
 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
31460

Registration District No. 3410 Registered No. 85
 (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

John Albert Jones

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

3 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 Sept 3, 1922
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME
Wm. Jones

9 PRESENT POSTOFFICE OF FATHER
Prosperity, S.C.

10 COLOR OR RACE
White

11 AGE AT LAST BIRTHDAY 34
 (Years)

12 BIRTHPLACE
Liberty Co.

13 OCCUPATION
Farmer

20 Number of children born to mother, including present birth
8

MOTHER.

14 NAME BEFORE MARRIAGE
L. A. Jones

15 PRESENT POSTOFFICE OF MOTHER
Prosperity, S.C.

16 COLOR OR RACE
Black

17 AGE AT LAST BIRTHDAY 25
 (Years)

18 BIRTHPLACE
Newberry, W.D.

19 OCCUPATION
Laborer

21 Number of children of this mother now living, including present birth
8

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.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. A. Jones

(24) State whether Physician or Midwife
Midwife

(25) Address of Physician or Midwife
Prosperity, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 9, 1922 (28) W. T. Gibson 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.