

MAIGN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST, SECOND, THIRD, etc., in question 1. THE OTHER, No. 2, etc., in question 2.

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

File No.—For State Registrar Only  
**8643**

(1) PLACE OF BIRTH  
 County of Orangeburg  
 Township of City  
 or Town of .....  
 or City of ..... (No. .... St.; .... Ward)  
 (If birth occurred in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 36A Registered No. 33  
 (For use of Local Registrar)

(2) Full Name of Child Alphonsa Jones (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Is illegitimate? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 26, 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME George Jones

(9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32 (Year)

(12) BIRTHPLACE Orangeburg S.C.

(13) OCCUPATION Public Work

(14) NAME BEFORE MARRIAGE Maggie Jackson

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Year)

(18) BIRTHPLACE Orangeburg S.C.

(19) OCCUPATION House Work

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. Hensley

(24) State, whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report: \_\_\_\_\_

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by marks)

(27) Filed April 3rd 1922 (28) N. H. Hampton Daker Local Registrar

13..... 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.