

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Center

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

27784

Registration District No. 3801Registered No. 54
(For use of Local Registrar)(2) Full Name of Child Mattie Jones

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 9(6) Are Parents Married? No

(7) DATE OF BIRTH

June 13, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME DK(9) PRESENT POSTOFFICE OF FATHER DK(10) COLOR OR RACE DK(11) AGE AT LAST BIRTHDAY DK
(Years)(12) BIRTHPLACE Richland Co S.C.(13) OCCUPATION DK

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Jones(15) PRESENT POSTOFFICE OF MOTHER Richland Co S.C.(16) COLOR OR RACE Cel(17) AGE AT LAST BIRTHDAY 42
(Years)(18) BIRTHPLACE Richland Co S.C.(19) OCCUPATION Farming(20) Number of children born to mother, including present birth 19(21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alice at 10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nick Jones(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Richland Co 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 June 22, 1922

(28)

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.