

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town ofor
City of Rock Hill

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

(2) Full Name of Child Jas Murdie Jones

File No.—For State Registrar Only

38010

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 440Registered No. 341
(For use of Local Registrar)(3) BOY OR
GIRL(4) Twin
or triplet?(5) Number in
order of birth 2
(to be omitted only in case of twins or triplets)(6) Are
Parents
Married yes(7) DATE OF
BIRTH Oct. 6, 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME Robert J. Jones(9) PRESENT
POSTOFFICE
OF FATHER Rock Hill, S.C.(10) COLOR
OR
RACE white (11) AGE AT LAST
BIRTHDAY 23
(Years)(12) BIRTHPLACE
York Co. S.C.(13) OCCUPATION
Truck Driver(14) Number of children born to
mother, including present birth 2

MOTHER

(14) NAME BEFORE
MARRIAGE Ella West(15) PRESENT
POSTOFFICE
OF MOTHER Rock Hill, S.C.(16) COLOR
OR
RACE white (17) AGE AT LAST
BIRTHDAY 21
(Years)(18) BIRTHPLACE
York Co. S.C.(19) OCCUPATION
Housewife(20) Number of children of this mother
now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 8:30 a.m. 6 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) H. E. Simpson, M.D.

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

Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed 1717 1923 (28) J. H. Miller
Local RegistrarWhen 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.

Secure and retain record of pregnancy.