

(1) PLACE OF BIRTH

County of CarterTownship of Wardsor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

9086

Registration District No. 214 Registered No. 10
(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 Carlos Jones If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married no (7) DATE OF BIRTH 4.12.23
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Samuel P. Rode</u>	(14) NAME BEFORE MARRIAGE <u>Leila Jones</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Monetta, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Monetta, S.C.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Year)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Year)
(12) BIRTHPLACE <u>Carter Co., S.C.</u>	(18) BIRTHPLACE <u>Carter Co., S.C.</u>	(19) OCCUPATION <u>Farm Laborer</u>	(20) OCCUPATION <u>Farm Laborer</u>
(21) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Born alive 11 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) J. E. Brown, M.D.
(25) State whether Physician or Midwife (26) Address of Physician or Midwife Ridge Spring, S.C.

Given name added from a supplemental report

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

(28) Filed May 1, 1923 (29) H. E. D. Church
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.

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