

Form No. 1

(1) PLACE OF BIRTH

County of Hanford  
Township of Mar  
OF  
Inc. Town of  
OF  
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

6853

Registration District No. 1901

Registered No. 17  
(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 Wendell Jones

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 28 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Virgil Jones  
(9) PRESENT POSTOFFICE OF FATHER Woodward  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Miller  
(15) PRESENT POSTOFFICE OF MOTHER Woodward  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Farmer's Wife  
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Hester

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Woodward

(Given name added from a supplemental report)

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

(27) Filed Mar 10 1923 (28) W. H. Blaine  
Registrar 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.

USE THIS FORM FOR FIRST-BORN CHILD. FOR OTHER CHILD, USE FORM NO. 2. SEE INSTRUCTIONS ON REVERSE OF FORM.

Revised by Columbia, Columbia, S. C.