

(1) PLACE OF BIRTH

County of Charleston
 Township of Manning
 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

29696

Registration District No. 1307 Registered No. 43
 (For use of Local Registrar)

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

(2) Full Name of Child George Thornton 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 ☒ (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 5, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Frederic G. Jones
 (9) PRESENT POSTOFFICE OF FATHER Manning S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Teacher

MOTHER.
 (14) NAME BEFORE MARRIAGE Hattie Dyson
 (15) PRESENT POSTOFFICE OF MOTHER Manning S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housework
 (20) Number of children born to mother, including present birth Two
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. E. Bradley M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Manning 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 Sept 10, 1922 (28) Al J. White 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.