

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 6.

MADE BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Laurens  
Township of Hunter  
or  
Inc. Town of .....  
or  
City of Clinton

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**19248**

Registration District No. 29 B Registered No. 57  
(For use of Local Registrar)  
(No. 5 ..... 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 Doris Lee Jones

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 25 1922  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Laurence Napoleon Jones  
(9) PRESENT POSTOFFICE OF FATHER Clinton S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)  
(12) BIRTHPLACE Hendersonville N.C.  
(13) OCCUPATION Cotton mill Operator  
(20) Number of children born to mother, including present birth One

(14) NAME BEFORE MARRIAGE Mamie Lee Webb  
(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE Buncombe County N.C.  
(19) OCCUPATION housewife  
(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 Y.A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lee Young (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

(26) Witness W. W. Bailey (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Registrar W. W. Bailey (28) Local Registrar

\*When there was no attending physician or midwife, 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 fourth month of pregnancy.

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