

Form No. 1

(1) PLACE OF BIRTH

County of *Jasper*Township of *Cobawatch*

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

43026

Registration District No. *2000*Registered No. *111*

(For use of Local Registrar)

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 *Benny Jones* {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec. 15th 1922</i>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Jerry Jones*(9) PRESENT POSTOFFICE OF FATHER *Ridgeland, S.C.*(10) COLOR OR RACE *Col.* (11) AGE AT LAST BIRTHDAY *22* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farming*(20) Number of children born mother, including present birth *One*

MOTHER.

(14) NAME BEFORE MARRIAGE *Anna Montrie*(15) PRESENT POSTOFFICE OF MOTHER *Ridgeland, S.C.*(16) COLOR OR RACE *Col.* (17) AGE AT LAST BIRTHDAY *26* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Home work*(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 *11:00* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Elizabeth Francis*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *12/22/22* (28) *A. C. Jones* 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

McGraw-Hill of Columbia, S. C.