

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.

(1) PLACE OF BIRTH  
County of Richmond  
Township of .....  
or  
Inc. Town of .....  
or  
City of Columbia (No. Columbia Highway St., ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 35a. Registered No. 1761....  
(For use of Local Registrar)

(2) Full Name of Child Thomas Earl Jones Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets.	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 7, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Thomas Earl Jones</u>			(14) NAME BEFORE MARRIAGE <u>Alice Bayleston</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia SC</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>General Salesman</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) B. H. Bayleston M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report Thomas Earl Jones Jr.

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

(27) Filed 1922 (28) 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.