

## (1) PLACE OF BIRTH

County of Yulston  
 Township of Salina  
 Inc. Town of.....  
 City of.....

## CERTIFICATE OF BIRTH

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

Registration District No. 311Registered No. 93  
(For use of Local Registrar)(2) Full Name of Child W. P. Jones

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

(1) SEX OF CHILD <u>Boy</u>	(2) Type of Triplet To be answered only in event of Triplet or Triplet	(3) Number in order of birth	(4) Are Parents Married <u>yes</u>	(5) DATE OF BIRTH <u>Nov 29 23</u> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(6) FULL NAME <u>Harry Jones</u>			(14) NAME BEFORE MARRIAGE <u>May Craigie</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Starke S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Starke S.C.</u>	
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(16) COLOR OR RACE <u>col</u>		
(12) BIRTHPLACE <u>J. C.</u>		(17) AGE AT LAST BIRTHDAY <u>18</u> (Year)		
(13) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>J. C.</u>		
(19) OCCUPATION <u>Farmer</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	
(20) Number of children born to mother, including present birth <u>1</u>				

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Harmon Shultz

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Starke 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

Dec 10 23 (28) Harmon Shultz19  
Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should report the birth.  
 If a child breathes even once, it must not be reported as stillborn. No report is desired at all before the fifth month of pregnancy.

MASSACHUSETTS DEPARTMENT OF HEALTH  
 VITAL RECORDS DIVISION  
 BOSTON, MASS.  
 FORM 1-10-23  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1, TWIN OTHER, No. 2, etc., in question 2.