

(1) PLACE OF BIRTH

County of Edgefield
 Township of Black River
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 1701 Registered No. 28150
 (For use of Local Registrar)

(2) Full Name of Child

Andrew Jones (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Type or Status Free (5) Number in order of birth 1 (6) Date of Birth Sept 9, 23
 To be reported only in case of Twins or Triplets

FATHER

(8) FULL NAME Andrew Jones

(9) PRESENT RESIDENCE OF FATHER Pleasant Lane St

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 6

MOTHER

(14) FULL NAME Emma Martin

(15) PRESENT RESIDENCE OF MOTHER Pleasant Lane St

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lillie Freeman

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Pleasant Lane St

Given name added from a supplemental report

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

(27) Filed Sept 20, 23 (28) Attest

19 Registrar

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