

(1) PLACE OF BIRTH

County of CharlestonTownship of Paul

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 32182Registration District No. 910 Registered No. 27

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George Parker Jones

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

(3) SEX OR CHILD <u>Boy</u>	(4) Type or Triple <u>1</u>	(5) Number in order of birth To be answered only in case of Twins or Triplets	(6) Are Twins Marked <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 15 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>W.M. Jones</u>	(10) PRESENT RESIDENCE OF FATHER <u>Yongs Island</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)
(9) COLOR OR RACE <u>White</u>	(12) BIRTHPLACE <u>Charleston S.C.</u>	(13) OCCUPATION <u>Farmer</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Janice J. Tumberton</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Yongs Island S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(15) COLOR OR RACE <u>White</u>	(18) BIRTHPLACE <u>Charleston</u>	(19) OCCUPATION <u>Housewife</u>

(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 10 AM on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Mary Rivers</u>	(25) Address of Physician or Midwife <u>Yongs Island</u>
(24) State whether Physician or Midwife <u>midwife</u>	

Given name added from a supplemental report

(26) Witness W.M. Jones
(Signature of Witness necessary only when question 23 is signed by mark)19 1923
Registrar(27) Filed Dec 3 1923 (28) Mrs. P.M. Trot
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.