

# CERTIFICATE OF BIRTH

County of Gasconade  
Township of Bellevue  
or  
Inc. Town of.....  
or  
City of .....

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

File No.—For State Registrar Only

12957

Registration District No. 513 Registered No. 37.....  
(For use of Local Registrar)

City of San Francisco (No. 100 St.; 100 Ward)  
(If birth occurs in a hospital or other institution, give name of street instead of street and number.)

(2) Full Name of Child Frank Russell Jones If child is not yet named, name supplemental report as directed

(1) <b>BOY OR GIRL</b> 2	(4) <b>Twin or Triplet?</b> To be answered only in event of Twin or Triplet	(5) <b>Number in order of birth</b>	(6) <b>Are Parents Married?</b> Yes	(7) <b>DATE OF BIRTH</b> 20-7-25-73 (Name of Month) (Day) (Year)
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FATHER  
John William Jones

PRESENT POSTOFFICE OF FATHER *Edw. J. C.*

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26  
(Year)

12) BIRTHPLACE SC

13) OCCUPATION *Larry Nance*

20 Number of children born to mother, including present birth 16

(16) Are Parents Married? *Yes* (17) DATE OF BIRTH *July 26, 1973*  
(Name of Month) (Day) (Year)

(10) NAME BEFORE MARRIAGE Clayton Williamson

(16) PRESENT POSTOFFICE OF MOTHER Elmhurst, IL

(16) COLOR OR RACE Neuro (17) AGE AT LAST BIRTHDAY 20  
(Years)

(16) BIRTHPLACE ISC

(19) OCCUPATION  
Wife and Field Hand

(21) Number of children of the mother now living, including present birth 14

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(24) I hereby certify that I attended the birth of this child, who was born live or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) \_\_\_\_\_  
(24) State whether Physician or Midwife \_\_\_\_\_ Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report

(20) Witness W. J. Leman of witness necessary only

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

(27) Filed 1944-12-23 Local 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 stillbirths before the fifth month of pregnancy.