

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

350

(1) PLACE OF BIRTH

County of BeaufortTownship of Sheldon

Inc. Town of

City of

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

Registration District No. 603.17Registered No. 7

(For use of Local Registrar)

St. _____ Ward _____

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

(2) Full Name of Child Ella Mae T. Jones(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth 15

(6) Are Parents Married?

(7) DATE OF BIRTH Jan 9 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Mack(9) PRESENT POSTOFFICE OF FATHER Yemassee(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 50

(Years)

(12) BIRTHPLACE Beaufort(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Rose Jones(15) PRESENT POSTOFFICE OF MOTHER Yemassee(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE Columbia S.(19) OCCUPATION Farming(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arthur L. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

(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.

MARGIN RESERVING ENTIRE INTENT. WHIPPED PUNISHMENT WITH UNENDING INC.—THIS IS A PERMANENT BLANKET FOR EACH CHILD, AND MARK THE N. B.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANKET FOR EACH CHILD, IN QUESTION 1. LIST-BORN, No. 1, THE OTHER, No. 2, ETC., IN QUESTION 1.