

(1) PLACE OF BIRTH

County of MarlboroTownship of Drakeor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39441

Registration District No. 33.07Registered No. 49
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Bertha Jones

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tom Jones(9) PRESENT POSTOFFICE OF FATHER Drake S.C.(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 34
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Vanner Plant(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Jones(15) PRESENT POSTOFFICE OF MOTHER Drake S.C.(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE SC(19) OCCUPATION HW(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 7:30 P.M.(23) (Signature) Thos. Smith(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Beaufort

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 14, 1922 (28) H. H. Evans
Local RegistrarWhen 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.