Form No. 1

(1) PLACE OF BIRTH

County of Aiken

Township of Windsor

or

Inc. Town of Windsor

or

City of Windsor

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
5676

Registration District No. 215 Registered No. 5
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child No Name

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH March 9 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Glasco Jones

(9) PRESENT POSTOFFICE OF FATHER Windsor

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE Aiken Co

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Albertha Scott

(15) PRESENT POSTOFFICE OF MOTHER Windsor

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 16 (Years)

(18) BIRTHPLACE Aiken Co

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A B Blanchard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Williston S C

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 3-16 1923 (28) O Brooks
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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

THIS was a SEPARATE BLANK FOR EACH CHILD, and mark the

IS A PERMANENT RECORD