

(1) PLACE OF BIRTH

County of Lancaster
Township of Clinton
or
Inc. Town of Clinton
or
City of

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

(2) Full Name of Child Josel Elmore Ross Jr

File No.—For State Registrar Only
30945

Registration District No. 275 Registered No. 78
(For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 23 1922
(Name) (Month) (Day) (Year)

FATHER.
(8) FULL NAME Josel Elmore Ross

(9) PRESENT POSTOFFICE OF FATHER Clinton SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Year)

(12) BIRTHPLACE SC

(13) OCCUPATION R.R. Agent

(20) Number of children born to mother, including present birth 1 7

MOTHER.
(14) NAME BEFORE MARRIAGE Cora Cox

(15) PRESENT POSTOFFICE OF MOTHER Clinton SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1135 at Clinton SC
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. W. T. Bailey M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Clinton SC

Given name added from a supplemental report

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

(27) Filed Aug 11 22 J. L. W. T. Bailey
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.

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