

## (1) PLACE OF BIRTH

County of AndersonTownship of Madisonor  
Inc. Town of LebanonCity of Anderson R7W

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

## (2) Full Name of Child

(3) SEX OR  
ONLY Boy(4) Twin  
or Triplet  
To be answered only in event of Twin or Triplet(5) Number in  
order of birth 3(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH May 11 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Reed Jones(9) PRESENT  
POSTOFFICE  
OF FATHER Anderson R7W. 2(10) COLOR  
OR  
RACE col.(11) AGE AT LAST  
BIRTHDAY 27  
(Year)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION farmer(14) Number of children born to  
mother, including present birth 3

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Frances Norrell(15) PRESENT  
POSTOFFICE  
OF MOTHER Anderson R7W. 2(16) COLOR  
OR  
RACE col.(17) AGE AT LAST  
BIRTHDAY 25  
(Year)(18) BIRTHPLACE And Co(19) OCCUPATION domestic(20) Number of children of this mother  
now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(22) (Signature) Anne Aronson MD

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Anderson, S.C.(Given name added from a supplement-  
tal report)

(25) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(26) Filed June 10 1923

(27)

Local Registrar H. L. Carey\*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.

Registrar

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