

(1) PLACE OF BIRTH

County of UnionTownship of Union

Inc. Town of

City of Union(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 James Jolly If child is not yet named, make supplemental report as directed3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 25 23
(Name of Month) (Day) (Year)FATHER. 8) FULL NAME Garfield Jolly 14) NAME BEFORE MARRIAGE Viola St. John9) PRESENT POSTOFFICE OF FATHER Union S.C. 15) PRESENT POSTOFFICE OF MOTHER Union S.C.10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 22 16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 2112) BIRTHPLACE Canton, N.C. 18) BIRTHPLACE Union, S.C.13) OCCUPATION Operator: Cotton mill 19) OCCUPATION Domestic20) Number of children born to mother, including present birth Two 21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:45 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. P. Salley (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

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

(27) Filed 10-10-23 (28) J. P. Salley 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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