

Form No. 3

(1) PLACE OF BIRTH

County of FlorenceTownship ofor Inc. Town ofCity of

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

(2) Full Name of Child

(a) BOY OR GIRL <u>Girl</u>	(b) Type or Token <u>To be given only in case of Type or Token</u>	(c) Number in order of birth <u>470</u>	(d) Age of Person Married <u>470</u>	(e) Date of Birth <u>July 18, 1923</u>
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FATHER		MOTHER	
(1) FULL NAME <u>William J. Jones</u>	(1) NAME BEFORE MARRIAGE <u>Rebecca L. Jones</u>	(2) PRESENT POSTOFFICE OF FATHER <u>Florence</u>	(2) PRESENT POSTOFFICE OF MOTHER <u>Florence</u>
(3) COLOR OR RACE <u>Colored</u>	(3) AGE AT LAST BIRTHDAY <u>44</u>	(4) COLOR OR RACE <u>Colored</u>	(4) AGE AT LAST BIRTHDAY <u>29</u>
(5) BIRTHPLACE <u>Florence</u>	(5) BIRTHPLACE <u>Florence</u>	(6) OCCUPATION <u>Public work</u>	(6) OCCUPATION <u>.....</u>
(7) Number of children born to mother, including present birth <u>5</u>	(7) Number of children of this mother now living, including present birth <u>5</u>		

(8) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(9) (Signature) Gabe Holmes(10) State whether physician or midwife Midwife(11) Address of Physician or Midwife Florence homes

Given name added from a supplemental report

(12) Witness

(Signature of Witness necessary only when question 12 is signed by mark)

(13) Date July 24, 1923(14) Place P. H. Busham

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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