

(1) PLACE OF BIRTH

County of Lee

Township of

or
Inc. Town of Bishopville

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

Quinn Toney

No. For this Register
41380

Registered No. 29
(For use of Local Registrar)

(3) SEX
Male

(4) Type
or Type

(5) Month
of Birth

(6) Year
of Birth

(7) DATE OF
BIRTH Dec 31 1923
(Name of Month) (Day) (Year)

(8) FULL NAME
of FATHER Quinn Toney

(9) FATHER'S
POSTOFFICE
OF FATHER B

(10) COLOR
of FATHER Col

(11) AGE AT LAST
BIRTH 21

(12) OCCUPATION
Day L

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

(14) FULL NAME
of MOTHER Jessie Green

(15) FATHER'S
POSTOFFICE
OF MOTHER B

(16) COLOR
of MOTHER Col

(17) AGE AT LAST
BIRTH 17

(18) BIRTHPLACE
Lee Co

(19) OCCUPATION

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

CERTIFICATION OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. (If alive or stillborn) (Hour A. M. or P. M.)

(22) Signature Rena Green

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife
Bishopville S.C.

Given name added from a supplement-
al report

(25) Witness
(Signature of Witness necessary only
when question 21 is signed by mark)

(26) Date Jan 10 1924 (27) Registrar J. J. Lantry

*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.