

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
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 Anna Margaret Jones if child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16 1923 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Norman Jones

(14) NAME BEFORE MARRIAGE Vera Shields

(9) PRESENT POSTOFFICE OF FATHER Chilaw S.C.

(15) PRESENT POSTOFFICE OF MOTHER Chilaw S.C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 47 (Year)

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 39 (Year)

(12) BIRTHPLACE N.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(19) OCCUPATION House Keeper

(20) Number of children born to mother, including present birth 14

(21) Number of children of this mother new living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) 10 P. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) E. L. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chilaw S.C.

Given name added from a supplemental report

(26) Witness Walter D. ... (Signature of Witness necessary only when question 23 is stated by mark)

(27) File June 18 1923 (28) Walter D. ... 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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File No.—For State Registrar Only
17180

Registered No. 33
(For use of Local Registrar)