

(1) PLACE OF BIRTH

County of

Pickens

Township of

Easley

Inc. Town of

City of

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

Registration District No.

37-2

Registered No.

72

(For use of Local Registrar)

File No.—For State Registrar Only

16328

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 29, 1922

(Name of Month) (Day) (Year)

FATHER:

MOTHER:

(8) FULL NAME

Thomas M. Jameson

(14) NAME BEFORE MARRIAGE

Minnie Lee Cox

(9) PRESENT POSTOFFICE OF FATHER

Easley R # 1

(15) PRESENT POSTOFFICE OF MOTHER

Easley R # 1

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

40
(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

SC

(18) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

(19) OCCUPATION

Domestic

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

8

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive*, at *7 A.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Easley*

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

June 1, 1922

(28)

L. W. Wyatt
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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