

PLACE OF BIRTH

County of Newberry

Municipality of

In Town of

City of Newberry

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

(1) Full Name of Child Ida Mae E. Jones (If child is not yet named, make supplemental report as directed)

(2) SEX OF CHILD Female (3) Date of Birth June 2, 1923 (4) Age 1 yr (5) DATE OF BIRTH June 2, 1923
 (6) Place of Birth Newberry S.C. (7) (Day) (Month) (Year)

FATHER.

(8) FULL NAME John W. Jones(9) PRESENT POSTOFFICE OF FATHER New York N.Y.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32 (Year)(12) BIRTHPLACE North Carolina(13) OCCUPATION R.R. Laborer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Turner(15) PRESENT POSTOFFICE OF MOTHER New York N.Y.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17 (Year)(18) BIRTHPLACE Newberry S.C.(19) OCCUPATION Housework(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Born alive or stillborn) Hour M. or P.M.)(22) (Signature) Mary Rodgers(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Newberry S.C.

Give name added from a supplemental report

(25) Witness S. S. Cunningham (Signature of Witness necessary only when question 21 is signed by mark)(26) Date June 16, 1923 (27) S. S. Cunningham 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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