

(1) PLACE OF BIRTH

County of MarionTownship of Reaseror
Inc. Town of Nichols

or

City of (No. St.; Ward)

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

(2) Full Name of Child Wilbur Pusey Price (if yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>May 30, 1922</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Cornwall Groves(9) PRESENT POSTOFFICE OF FATHER Marion SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Marion Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Theresa Price(15) PRESENT POSTOFFICE OF MOTHER Nichols SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE Marion Co(19) OCCUPATION Student(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) C. F. Pusey(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nichols SC

Given name added from a supplemental report

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

(27) Filed June 6, 1922 (28) J. H. G. Lambert 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.