

(1) PLACE OF BIRTH

County of BrambleyTownship of Leeor
Inc. Town ofor
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 Joseph Ross(3) BOY OR
GIRL Boy(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twin or Triplet

(6) Are
Parents
Married? Yes(7) DATE OF
BIRTHApr 15 22
(Name of Month) (Day) (Year)

File No.—For State Registrar Only

10001

Registered No. 23
(For use of Local Registrar)

St. Ward)

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

FATHER.

(8) FULL
NAME Willie Ross(9) PRESENT
POSTOFFICE
OF FATHER Brambleville S.C.(10) COLOR
OR
RACE Negro(11) AGE AT LAST
BIRTHDAY38
(Years)

(12) BIRTHPLACE

Brambley Co

(13) OCCUPATION

Teacher(14) Number of children born to
mother, including present birth7

MOTHER.

(14) NAME BEFORE
MARRIAGE Lena Freeman(15) PRESENT
POSTOFFICE
OF MOTHER Brambleville S.C.(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY25
(Years)

(18) BIRTHPLACE

Florida

(19) OCCUPATION

Domestic(20) Number of children of this mother
now living, including present birth7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.at 9 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Liza Ross

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

ClarkeGiven name added from a supplement
report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 5/81922

(28)

J. C. Linn
Local Registrar19
RegistrarWhen 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.