

(1) PLACE OF BIRTH

County of Union
 Township of B. G. Morello
 or
 Inc. Town of Buffalo
 or
 City of

(No. Street Ward)
 (If birth occurs in a hospital or other institution, give name or name instead of street and number.)

(2) Full Name of Child

Thomas Gilbert Jones

540.3
 Registered No. 17
 (For use of Local Registrar)

(3) Sex of Child boy
 (4) Twin or Triple
 To be answered only in event of Twins or Triples
 (5) Number in order of birth
 (6) Are parents married yes
 (7) DATE OF BIRTH Feb 24, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jones Horace Jones
 (9) PRESENT POSTOFFICE OF FATHER Buffalo, S.C.
 (10) COLOR OR RACE White
 (11) AGE AT LAST BIRTHDAY 31
 (Years)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Textile

(20) Number of children born to mother, including present birth 1 2

(14) MOTHER BEFORE MARRIAGE Jessie Fullbright

(15) PRESENT POSTOFFICE OF MOTHER Buffalo, S.C.

(16) COLOR OR RACE white
 (17) AGE AT LAST BIRTHDAY 21
 (Years)

(18) BIRTHPLACE North Carolina

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:15 A.M.
 (Respirative or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) J.P. Harris
 (24) State whether Physician or Midwife M.D. | (25) Address of Physician or Midwife
 (26) BIRTHPLACE Buffalo, S.C.

Gives same added from a supplemental report

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

(27) Filed Mar. 10, 1923. (28) 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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