

(1) PLACE OF BIRTH

County of Spartanburg

Township of

Inc. Town of Hartsville

City of

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

(2) Full Name of Child Marion Sue Jones

File No. — For State Registrar Only

3557

Registered No. 16
(For use of Local Registrar)(3) BOY OR GIRL Girl

(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 BIRTH Feb 26 19 20
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James S. Jones(9) PRESENT POSTOFFICE OF FATHER Hartsville S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 33(12) BIRTHPLACE Coulter Co.(13) OCCUPATION Carson Buyer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah K. Anseling(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 23(18) BIRTHPLACE Stua Co(19) OCCUPATION Homemaker(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 at 3:20 M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.(23) (Signature) W. E. Linton(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hartsville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date July 27 19 23 (28) W. E. Linton 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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