

(1) PLACE OF BIRTH

County of PitkinTownship of Central

Inc. Town of

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 Lucie Belle Jones

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

(3) SEX OF CHILD Female(4) Twin or Triplet —(5) Number in order of birth 5(6) Age of Mother 30(7) DATE OF BIRTH Jan 11, 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugen Jones(9) PRESENT POSTOFFICE OF FATHER Central(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (Year)(12) BIRTHPLACE Greenwell Co.(13) OCCUPATION Farm(14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Matilda Pitkin(16) PRESENT POSTOFFICE OF MOTHER Central(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 28 (Year)(19) BIRTHPLACE Anderson Co.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lawrence G. Colayton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Central

Given name added from a supplemental report

(26) Witness

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

(27) Filed April 2, 1923(28) J. D. Bearden 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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FIRST-BORN. No. 1 THE OTHER, No. 2, etc., in question 5.

SEAL OF COLUMBIA, COLUMBIA, S.C.