

(1) PLACE OF BIRTH

County of Marion

Township of

or

Inc. Town of Marion

or

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 Walter Price

File No.—For State Registrar Only

39343

Registration District No. 32ARegistered No. 97
(For use of Local Registrar)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept. 91922

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

FATHER.

(8) FULL NAME

Palmer Daniel Price

(9) PRESENT POSTOFFICE OF FATHER

Marion S. C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

Marion Co. S. C.

(13) OCCUPATION

Machinist

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

1 2

MOTHER.

(14) NAME BEFORE MARRIAGE

Wilma Ruth Ammons

(15) PRESENT POSTOFFICE OF MOTHER

Marion S. C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Marion Co. S. C.

(19) OCCUPATION

Housewife

(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 8:10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. M. Price

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Marion S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec. 10, 1922

(28)

Leona Montgomery

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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