

(1) PLACE OF BIRTH

County of FlorenceTownship of J. P. Jones

or

Inc. Town, of

or

City of Mass Bluff, S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42381

Registration District No. 2007 Registered No. 95

(For use of Local Registrar)

(2) Full Name of Child

Harris Street

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

(3) SEX OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 6 1924</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lucas Street(9) PRESENT POSTOFFICE OF FATHER Mass Bluff, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Mass Bluff, S.C.(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Williamson(15) PRESENT POSTOFFICE OF MOTHER Mass Bluff, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Mass Bluff, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Florence Greig(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed 1/15 1925 (28) Wm. B. Davis 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.