

(1) PLACE OF BIRTH

County of LeeTownship of Trasky Creek

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 Haroldiah Joe

File No.—For State Registrar Only

43431

Registration District No. 3009 Registered No. 60
(For use of Local Registrar)

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Dec. 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Joe.

(9) PRESENT POSTOFFICE OF FATHER

Lucknow S.C.

(10) COLOR OR RACE

bal

(11) AGE AT LAST BIRTHDAY

33
(Years)

(12) BIRTHPLACE

Lee Co S.C.

(13) OCCUPATION

Farming

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

Five

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Rodgers

(15) PRESENT POSTOFFICE OF MOTHER

Lucknow S.C.

(16) COLOR OR RACE

bal

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Lee Co S.C.

(19) OCCUPATION

Homestic

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

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lewis Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lucknow 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

Jan 8, 1923 (28) J. L. Rodgers
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.