

(1) PLACE OF BIRTH

County of SpartanburgTownship of W.

or

Inc. Town of W.

or

City of W.

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

(2) Full Name of Child

Lela Mae Jones

File No.—For State Registrar Only

16648

Registered No. 338

(For use of Local Registrar)

Registration District No. 40-0(No. St John St. 4 Ward)

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 2(6) Are Parents Married? No

(7) DATE OF

BIRTH May 1 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. C. Johnson

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Laborer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Jessie Jones

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Cross Anchor S.C.

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature)

Priscilla Brannon

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Spartanburg S.C. St. John 1798

Given name added from a supplemental report.

(26) Witness

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

(27) Filed

6-1-221922Jas. Coates Local Registrar

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.