

(1) PLACE OF BIRTH

County of LeffingtonTownship of Connel

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

J. B. PriesFile No.—For State Registrar Only
14929Registration District No. 3142Registered No. 30
(For use of Local Registrar)

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

(3) BOY OR

(4) Twin

(5) Number in

(6) Are

(7) DATE OF

To be answered only in event of Twin or Triplet

BIRTH Mar 6 1923
(Name of Month) (Day) (Year)

(8) FULL

NAME Mr. Jacob B. Pries

(9) PRESENT

POSTOFFICE OF FATHER New Brookland SC

(10) COLOR

OR RACE white

(11) AGE AT LAST

BIRTHDAY 29
(Years)

(12) BIRTHPLACE

Tilbert SC

(13) OCCUPATION

public work

(14) Number of children born to

mother, including present birth

1

(14) NAME BEFORE

MARRIAGE Mrs. Minnie Bauling

(15) PRESENT

POSTOFFICE OF MOTHER New Brookland SC

(16) COLOR

OR RACE white

(17) AGE AT LAST

BIRTHDAY 22
(Years)

(18) BIRTHPLACE

Tilbert SC

(19) OCCUPATION

house work

(20) Number of children of this mother

now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

New Brookland SC

(Given name added from a supplemental report)

(25) Witness

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

(26) Filed 3/30/23 (27) J. P. Lybrand
Local Registrar

When there was no attending physician or midwife, then the father, mother, 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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