

(1) PLACE OF BIRTH

County of GrovilleTownship of Grovilleor
Inc. Town ofor
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

Registration District No. 2207Registered No. 68
(For use of Local Registrar)(No. hijon St. Ward)

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

(3) SEX OR GENDER <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age at Birth <u>yr.</u>	(7) DATE OF BIRTH <u>July 27, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Oscar Jones</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Armstrong</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Groville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Groville, S.C.</u>	
(10) COLOR OR RACE <u>Black.</u>			(16) COLOR OR RACE <u>Black.</u>	
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1 - 3 -</u>			(21) Number of children of this mother now living, including present birth <u>3 -</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated. (If child is stillborn, state "stillborn" and "M. or P. M.")(23) (Signature) J. D. Lucas, M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Groville, S.C.

Given name added from a supplemental report

(26) Witness Signature of Witness necessary only when question 23 is signed "stillborn."
(27) Filed July 27, 1923 at 2:30 by Thos. M. [Signature]

*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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