

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Inc. Town of

or

City of

(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

46353

Registration District No. 2-2-2-9 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? no

(7) DATE OF BIRTH

Jan 2
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Marshall Thompson

(9) PRESENT POSTOFFICE OF FATHER

Do not know

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

one

(15) NAME BEFORE MARRIAGE

MOTHER.

Maggie Rose

(16) PRESENT POSTOFFICE OF MOTHER

R H D # 3

(17) COLOR OR RACE

Black

(18) AGE AT LAST BIRTHDAY

(Years)

(19) BIRTHPLACE

(20) OCCUPATION

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 930 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. W. Wright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

p. physicianGreenville

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Date

Jan 3

191

6

(28)

W. W. Wright

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.

Registrar I

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