

PLACE OF BIRTH.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

37880

County of Union

Township of Pineknob

or
In Town of

or

City of

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

Registration District No. 42A.5 Registered No. 71
(For use of Local Registrar)

2. Full Name of Child. Francis Thompson

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

3. BOY OR GIRL?
Boy

(4) Twin or Triplet?
No

(5) Number in order of birth
1st

(6) Are Parents Married?
Yes

(7) DATE OF BIRTH Feb. 11, 1923
(Name of Month) (Day) (Year)

FATHER.
Full Name George Thompson
Present Postoffice of Father Bullock Creek S.C.
Color Black
Race Black
Birthplace Union S.C.
Occupation Farmer

MOTHER.
(14) Name before marriage Maurice Robinson
(15) Present Postoffice of Mother Bullock Creek S.C.
(16) Color or Race Black
(17) Age at last birthday 40
(18) Birthplace Chester S.C.
(19) Occupation Domestic

4. Number of children born to mother including present birth 13

(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

2. I hereby certify that I attended the birth of this child, who was born alive (How A. M. or P. M.) 4 A. M. on the date above stated.

(23) (Signature) J. Clarke Brawley

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Lockhart S.C.

3. Name added from a supplemental report

(26) Witness

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

(27) Filed Dec 7, 1923 (28) L. G. Galvan 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.

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