

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

Registration District No. 5-01

File No. - For State Register Only

2903

Registered No. ....  
(For use of Local Registrar)

## (2) Full Name of Child

Andrew Thompson

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

(3) SEX OR  
CHILD

Boy

(4) Twin  
or Triplet

To be answered only in case of Twin or Triplet

(5) Number by  
order of birth(6) Age  
in years  
months(7) DATE OF  
BIRTH

Jan 27 23

(Month of birth) (Day) (Year)

(8) FULL  
NAME

Albert Thompson

FATHER

(9) PRESENT  
RESIDENCE  
OF FATHER

Barnwell

(10) COLOR  
OR  
RACE

negro

(11) AGE AT LAST  
BIRTHDAY

23

(12) BIRTHPLACE

Barnwell S.C.

(13) OCCUPATION

Farmer

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

1

(14) NAME OF  
MOTHER

Hattie M. C. Culler

MOTHER

(15) PRESENT  
RESIDENCE  
OF MOTHER

Barnwell

(16) COLOR  
OR  
RACE

negro

(17) AGE AT LAST  
BIRTHDAY

23

(18) BIRTHPLACE

Barnwell S.C.

(19) OCCUPATION

Field hand

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was

1240 AM  
(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-  
al report

(25) Witness

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

(26) Date

Jan 27 23

(27)

N. F. Kish

19  
Registrar

When there was no attending physician or midwife, then the father, householder, or other person present at the birth must report the birth to the Registrar. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.

MAKING REPRODUCTION FOR MEDICAL PURPOSES ONLY. THIS FORM IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS THE PROPERTY OF THE STATE OF SOUTH CAROLINA. IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR. IT IS TO BE DESTROYED AFTER THE FIFTH YEAR FROM THE DATE OF BIRTH. IT IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR. IT IS TO BE DESTROYED AFTER THE FIFTH YEAR FROM THE DATE OF BIRTH.