

W. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Chester  
Township of Rossville  
OF  
Inc. Town of .....  
OF  
City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

23909

Registration District No. 110 Registered No. 74  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Allen B. 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 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Aug. 19, 1923  
(Name of child) (Day) (Year)

FATHER.  
(8) NAME BEFORE MARRIAGE Rev. George W. Thompson  
(9) PRESENT POSTOFFICE OF FATHER Great Falls  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48  
(12) BIRTHPLACE New Orleans  
(13) OCCUPATION Minister  
(14) Number of children born to mother, including present birth 13

MOTHER.  
(14) NAME BEFORE MARRIAGE Anita Brown  
(15) PRESENT POSTOFFICE OF MOTHER Great Falls  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
(18) BIRTHPLACE Smith Co. Tenn  
(19) OCCUPATION Domestic  
(20) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(21) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. B. Brown M.D.  
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Great Falls

(25) Witness James Scurry (Signature of Witness necessary only when question 21 is signed by mark)  
(26) Filed 9/4/23 19 23 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.