

(1) PLACE OF BIRTH

County of BerkelyTownship of St. Stephen

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 206

No. 16871

Registered No. 36
(For use of Local Registrar)(2) Full Name of Child Sarah Thysse

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Was born married yes(7) DATE OF BIRTH June 18 1923
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME

Henry Thysse

(9) PRESENT POSTOFFICE OF FATHER

Borneau

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

38
(Years)

(12) BIRTHPLACE

Berkely Co.

(13) OCCUPATION

Farmers

MOTHER.

(14) NAME BEFORE MARRIAGE

Cassie Brinson

(15) PRESENT POSTOFFICE OF MOTHER

Borneau

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

36
(Years)

(18) BIRTHPLACE

Berkely Co.

(19) OCCUPATION

House Work

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

7

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sarah Thysse

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Borneau

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

June 28 1923

(28)

J. J. Gault
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 required of stillbirths before the fifth month of pregnancy.

K O D A K S A F E