

PLACE OF BIRTH

County of YorkTownship of YorkCity of York

CERTIFICATE OF BIRTH

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

No. 10.—For Birth Register Only

22883

Registration District No. 44-07 Registered No. 32
(For use of Local Registrar)

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

(1) Full Name of Child Allice London Thompson
(If child is not yet named, make supplemental report as directed)(2) SEX OF CHILD Girl (3) TIME OF BIRTH 10:10 P.
(4) DATE OF BIRTH July 16, 1923
(5) PLACE OF BIRTH York Co.(6) FULL NAME OF FATHER P. K. Thompson(7) PRESENT POSTOFFICE OF FATHER York Co.(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 49
(10) BIRTHPLACE York Co.(11) OCCUPATION mill hand(12) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 10(13) FULL NAME OF MOTHER Jarvis Southman(14) PRESENT POSTOFFICE OF MOTHER York Co.(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 40
(17) BIRTHPLACE York Co.(18) OCCUPATION Domestic(19) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born 10:10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Jno. J. Barron(22) State whether Physician or Midwife Physician(23) Address of Physician or Midwife York Co.

Give name added from a supplemental report

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

(25) Date July 16, 1923 (26) Local Registrar Jarvis Southman

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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