

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or

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

File No.—For State Registrar Only

32164

Registration District No. 40-13 Registered No. 84

(For use of Local Registrar)

2) Full Name of Child

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter Thompson

(9) PRESENT POSTOFFICE OF FATHER

Woodruff

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Spartanburg Co

(13) OCCUPATION

Motor Worker

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Sue Parks

(15) PRESENT POSTOFFICE OF MOTHER

Woodruff

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Spartanburg Co

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

101...

Registrar

(26) Witness

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

(27) Filed Oct 11 1911

(28) Chas L. Bryter 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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