

PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15161

Registration District No. 3307 Registered No. 13  
(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.)

Full Name of Child Thomas Cornelius

1 SEX OF CHILD Boy  
2 TWIN or TRIPLET? No  
3 NUMBER IN ORDER OF BIRTH 4  
To be answered only in event of Twin or Triplet

(4) Are Parents Married? Yes

(5) DATE OF BIRTH 4/11/23  
(Name of Month) (Day) (Year)

## FATHER.

1 FULL NAME A. H. Triggers

2 PRESENT POSTOFFICE OF FATHER Bennettsville

3 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)

4 BIRTHPLACE S.C.

5 OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Lulita Sanderson

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION H.V.

(21) Number of children of this mother now living, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 3:40 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. H. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bennettsville S.C.

Give name added from a supplemental report

(26) Witness

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

(27) Filed May 28 1923

(28) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.