

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

18780

County of AndersonTownship of WindsorCity of AndersonRegistration District No. 3620Registered No. 57
(For use of Local Registrar)(2) Full Name of Child Mary Belle Thompson
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD girl (4) Twin or Triplet X (5) Number in order of birth 1st (6) Are Parents Married ye (7) DATE OF BIRTH 6 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Thompson(9) PRESENT POSTOFFICE OF FATHER Anderson SC R+D #2(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 45
(Year)(12) BIRTHPLACE Anderson SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Shivers(15) PRESENT POSTOFFICE OF MOTHER Anderson SC R+D #2(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30
(Year)(18) BIRTHPLACE Anderson SC(19) OCCUPATION House Wagon(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 2:30 PM on the date above stated. (Hour A. M. or P. M.)(22) (Signature) H. Schaefer(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed 7-9 1923 (27) 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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