

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. - For State Registrar Only

County of Anderson

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

18780

Township of Wadeville

Registration District No. 3670 Registered No. 57  
(For use of Local Registrar)

or  
City of .....

(No. .... St. .... Ward)

or  
City of .....

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

(2) Full Name of Child Mary Belle Thompson

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

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

FATHER.

MOTHER.

(8) FULL NAME Jim Thompson

(14) NAME BEFORE MARRIAGE Jessie Shivers

(9) PRESENT POSTOFFICE OF FATHER Oley SC Rt 2 #2

(15) PRESENT POSTOFFICE OF MOTHER Oley SC Rt 2 #2

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 45  
(Year)

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 80  
(Year)

(12) BIRTHPLACE Parkers SC

(18) BIRTHPLACE Parkers SC

(13) OCCUPATION Farmer

(19) OCCUPATION Home keep

(20) Number of children born to mother, including present birth 10

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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.)

(23) (Signature) H. Schuyler  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wadeville

Given name added from a supplemental report

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

(27) Filed 7-9 1923 (28) W. H. Sikes 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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