

(1) PLACE OF BIRTH

County of Clarendon
 Township of Birmingham
 or
 Dist. Town of Fountain S.C.
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24014

Registration District No. 1300 Registered No. 13
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Anna Pompy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Are Parents Married yes (7) DATE OF BIRTH Aug 16 23
 (Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Marcel Simon
 (15) PRESENT POSTOFFICE OF FATHER Fountain S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Live at 1:00 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elyse Houston (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fountain S.C.

Given name added from a supplemental report

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

(27) Filed Aug 18 23 (28) M.P.P. Spurratt 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.