

## (1) PLACE OF BIRTH

County of Darlington

Township of .....

or

Inc. Town of .....

or

City of Darlington

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

## (2) Full Name of Child

Henry Jackson Nordrup (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?

YesDATE OF BIRTH Sept 27, 22  
(Name Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Tommy Lee Nordrup

(9) PRESENT POSTOFFICE OF FATHER

Warrenton Ga

(10) COLOR OR RACE

N(11) AGE AT LAST BIRTHDAY 25  
(Years)

(12) BIRTHPLACE

Forsyth Ga

(13) OCCUPATION

Cotton Mill

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Beatrice Thurmond

(15) PRESENT POSTOFFICE OF MOTHER

Bromberg St

(16) COLOR OR RACE

N(17) AGE AT LAST BIRTHDAY 25  
(Years)

(18) BIRTHPLACE

Lucas Ga

(19) OCCUPATION

Cotton Mill

(21) 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 Alive at 7:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bromberg St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

10/419 22

(28)

John Cooper  
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.