

(1) PLACE OF BIRTH

County of

Greenville

Township of

or

Inc. Town of

or

City of

Greenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18739

Registration District No.

22A

Registered No.

289

(For use of Local Registrar)

(No. City St.; Ward)

(2) Full Name of Child

Hattie Calhoun Thompson

3) BOY OR GIRL?

M

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Births Marked?

7) DATE OF

BIRTH

6/17/22

FATHER.

8) FULL NAME

9) PRESENT POST OFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

40

(12) BIRTHPLACE

(13) OCCUPATION

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

3

MOTHER.

NAME BEFORE

(15) PRESENT POST OFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 2:00 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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 24/22

(28)

C. E. Smith

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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