(3) PLACE OF BIRTH

County of Florence

Township of .....

or

Town of .....

or

City of Florence S.C. (No. Sanders Memorial Hospital)

(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

24364

Registration District No. 20A Registered No. 253

(For use of Local Registrar)

(1) Full Name of Child Ella Hazel Thompson (If child is not yet named, make supplemental report as directed)

(2) Sex of Child: Girl

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth 10

(6) Are Parents Married? yes

(7) Date of Birth 4-7-1923 (Month) (Day) (Year)

## FATHER.

(8) Full Name William Thompson

(9) Present Postoffice of Father Hyman S.C.

(10) Color or Race White

(11) Age at last birthday 44 yrs (Years)

(12) Birthplace Hyman S.C.

(13) Occupation Farmer

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

## MOTHER.

(14) Name before marriage Anna Altman

(15) Present Postoffice of Mother Hyman S.C.

(16) Color or Race White

(17) Age at last birthday 42 yrs (Years)

(18) Birthplace Hyman S.C.

(19) Occupation House wife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 30 o'clock P. M., on the date above stated. (Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr J M Bonnell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed Sept. 14 1923 (28) P. H. Boushanu MD

Local Registrar.

If 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.

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.