

CERTIFICATE OF BIRTH

County of Madison
Township of Beaver
or
Inc. Town of.....
or
City of

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

File No.—For State Registry Clerk

1171:

Registration District No. _____

Registered No.
(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 Henry Louis

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

2 NOV 68

(4) Two

(b) ~~Section 10~~

(b) Are Parents Married? *yes*

DATE OF BIRTH Sept. 24, 1929

FATHER

John B. Smith.

PRESENT POSTOFFICE OF FATHER *Nichols SC*

(19) COLOR OR RACE *Black* (21) AGE AT LAST BIRTHDAY *26*
(Year)

15 BIRTHPLACE *Finland*

1. SECRET

Thurman

20 Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE *Laurie Thompson*

(18) PRESENT POST OFFICE OF MOTHER *Nichols, SC*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *36*
(Year)

10. ENTRANCE 2

Mission 6

10. OCCUPATION *Housewife*

(71) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(20) I hereby certify that I attended the birth of this child, who was _____ at _____
on the date above stated. (Date of Birth) Hour A. M. or P. M.

(124) State whether Physician or Midwife ☒ Physician of Physician or Midwife

gives name added from a supplement-
ed report

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

(SF) Filed 9-27-13 (20) [Signature] Leon Register

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.