

Form No. 3

(1) PLACE OF BIRTH

County of Franklin
Township of H. 10

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

Registration District No. 1707

No. 1. - For State Registrar

3750

Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Thomas H. Kimm

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

1. SEX Male 2. Type yes 3. Number in order of birth 1 4. Age yes 5. DATE OF BIRTH July 23, 1923
(Name of Month) (Day) (Year)

FATHER
1. FULL NAME Robert P. Kimm
2. PRESENT OFFICE OF FATHER Franklin
3. COLOR OR RACE White 4. AGE AT LAST BIRTHDAY 35 (Year)
5. BIRTHPLACE Franklin
6. OCCUPATION Farmer

MOTHER
1. NAME BEFORE MARRIAGE Bessie B. Kimm
2. PRESENT POSTOFFICE OF MOTHER Franklin
3. COLOR OR RACE White 4. AGE AT LAST BIRTHDAY 29 (Year)
5. BIRTHPLACE Pickens Co. S.C.
6. OCCUPATION Housewife

7. 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 alive or stillborn at 11 P. M. on the date above stated.

(23) (Signature) Dr. James E. Kimm
(24) Place where birth occurred Franklin (25) Address of Physician or Midwife Franklin

Give name added from a subsequent report

Signature of Witness necessary only when question 22 is signed by mark

(26) E. H. Kimm

When there was no birth, if a child breathed