

(2) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12776 - For State Registrar Only

12776

County of Anderson

Township of Belton

or

Inc. Town of

or

City of

Registration District No. 300

Registered No. 64

(For use of Local Registrar)

(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, Ann Allen Thompson

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

(1) SEX Female	(2) Type or Weight To be given only in case of Twins or Triplets	(3) Number in order of birth	(4) Age in Years Months Days	(5) DATE OF BIRTH May 15 1923 (Month) (Day) (Year)
FATHER			MOTHER	
(6) FULL NAME Augustus Thompson			(14) NAME BEFORE MARRIAGE Ethel May Green	
(7) PRESENT RESIDENCE Belton S.C.			(15) PRESENT RESIDENCE Belton S.C.	
(18) COLOR OR RACE Negro	(19) AGE AT LAST BIRTHDAY 28 (Year)	(16) COLOR OR RACE Negro		
(10) BIRTHPLACE Belton S.C.	(17) AGE AT LAST BIRTHDAY 23 (Year)			
(11) OCCUPATION Section Hand R.R.	(16) BIRTHPLACE Belton S.C.			
(12) Number of children born to mother, including present birth 5			(17) OCCUPATION Wife	
(13) Number of children of this mother now living, including present birth 4				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was ..... at 4 A. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(29) (Signature) H. W. Walker

(30) State whether Physician or Midwife

(31) Address of Physician or Midwife

Give name added from a supplement-  
tal report

(32) Witness

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

19 .....

(37) Filed May 27 1923

(38) J. S. Walker

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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