

1 (1) PLACE OF BIRTH

(1) PLACE OF BIRTH

County of Greenville

Township of

or
In Town of

or
City of

(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. 40375

Registration District No.

Registered No. 19

(For use of Local Registrar)

Ward

2) Full Name of Child Bessie Thomas

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

BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Dec. 25 1923
(Name of Month) (Day) (Year)

FATHER
FULL NAME Willie Thomas

(14) NAME BEFORE MARRIAGE Marie Jackson

(8) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(9) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 27 (Years)

(10) BIRTHPLACE Greenville S.C.

(18) BIRTHPLACE Washington D.C.

(12) OCCUPATION Farmer

(19) OCCUPATION Housewife

(13) Number of children born to mother, including present birth 6

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

Given Name added from a supplemental report

(26) Witnesses (Signature of Witnesses necessary only when question 22 is signed by mother)

(27) Filed Dec 27 1923 at P.H. [Signature]

Registrar

When there was no attending physician or midwife, then the father, having been present at the birth, must report as stillborn. No report is required if the child breathes even once. It must not be reported as stillborn until the fifth month of pregnancy.