

(1) PLACE OF BIRTH

County of Flamenco
 Township of
 or
 Inc. Town of Timmonsville
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26054

Registration District No. 2015 Registered No. 46
 (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 Nannie Thoye Harold If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH March 15 22
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Joseph S. Harold

9) PRESENT POSTOFFICE OF FATHER Timmonsville S.C.

10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 41
 (Years)

12) BIRTHPLACE Laurens Co., S.C.

13) OCCUPATION Teacher

20) Number of children born to mother, including present birth Five

MOTHER.

14) NAME BEFORE MARRIAGE Nannie L. Thoye

15) PRESENT POSTOFFICE OF MOTHER Timmonsville S.C.

16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 31
 (Years)

18) BIRTHPLACE South Hampton, Va.

19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) E. U. Simmons

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Timmonsville S.C.

Given name added from a supplemental report

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

(27) Filed Aug 18 22 (28) A. H. Nelson 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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