

(1) PLACE OF BIRTH

County of GreenvilleTownship of Wynneville

or

Inc. Town of Wynneville

or

City of Wynneville

(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.—For State Registrar Only

1884

Registration District No. 220973Registered No. 194

(For use of Local Registrar)

(No. 588 Purditt St. Ward)

(2) Full Name of Child

Bonnie Lee Thelma

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH May 14 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Herbert William Thelma

(9) PRESENT POSTOFFICE OF FATHER

588 Purditt St.

(10) COLOR OR RACE

N.

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Carpenter

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

3

MOTHER

(14) NAME BEFORE MARRIAGE

Bonnie Thelma Massingale

(15) PRESENT POSTOFFICE OF MOTHER

Same

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Unemployed

(21) Number of children of this mother now living, 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 12:45 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 14 1922 220973 194 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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