

(1) PLACE OF BIRTH

County of ..Charleston....

Township of

or
Inc. Town of

City of Charleston, S.C.

(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

Registration District No. 9 A

No. 31002

Registered No.
(For use of Local Registrar)

(2) Full Name of Child Samuel Thompson

If child is not yet named, make
supplemental report as directed3) BOY OR
GIRL? B4) Twin
or Triplet? X5) Number in
order of birth X6) Are
Parents
Married? yes7) DATE OF
BIRTH11/16/23..
(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME Robert Thompson9) PRESENT
POSTOFFICE
OF FATHER 43 Anson10) COLOR
OR
RACE C (11) AGE AT LAST
BIRTHDAY 24
(Years)12) BIRTHPLACE
Charleston13) OCCUPATION
Laborer20) Number of children born to
mother, including present birth 1

MOTHER.

14) NAME BEFORE
MARRIAGE Father Singleton15) PRESENT
POSTOFFICE
OF MOTHER 43 Anson16) COLOR
OR
RACE C (17) AGE AT LAST
BIRTHDAY 20
(Years)18) BIRTHPLACE
Charleston19) OCCUPATION
domestic21) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive.....at 11 A.M.,
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Martha Holman

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife
52 CalhounGiven name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed 11/22.....to 25 J. M. M. L. D.

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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