

IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Cherokee

Township of Simmons

Inc. Town of Gaffney S.C.

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ancinda May Comp

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

Single

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 26, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jack Comp

(9) PRESENT POSTOFFICE OF FATHER

Gaffney S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

28
(Years)

(12) BIRTHPLACE

Spartanburg Co S.C.

(13) OCCUPATION

Suburban

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Monie Tate

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Union Co S.C.

(19) OCCUPATION

Domestic

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:20 P.M. on the date above stated.
(Born alive or stillborn) (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 Jan 10, 1923

(28) W. F. Smith
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.

When the father, householder, etc., makes this return, it must be before the fifth month of pregnancy. No report is desired of stillbirths before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41460

Registration District No. 10A Registered No. 275

(For use of Local Registrar)