

(1) PLACE OF BIRTH

County of Catharine
Township of June Star
or
Inc. Town of June Star S.C.
City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10202

Registration District No. 800 Registered No. 35
(For use of Local Registrar)

(2) Full Name of Child Anna Thudd

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

(3) BOY OR GIRL — (4) Twin or Triplet? — (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 5 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME George Thudd
(9) PRESENT POSTOFFICE OF FATHER 77 Mt. Se
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Silvia Hayne
(15) PRESENT POSTOFFICE OF MOTHER 77 Mt. Se
(16) COLOR OR RACE Negrs (17) AGE AT LAST BIRTHDAY 24
(Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Wife
(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 alive at 4:40 M., on the date above stated. (Born alive or stillborn) (Hour A. M., or P. M.)

(23) (Signature) Mary Thompson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 77 Mt. Se

Given name added from a supplemental report

(26) Witness Mrs. J. S. Standen (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr 10 1922 (28) J. S. Standen 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.