

(1) PLACE OF BIRTH

County of Cachuma
 Township of June
 OF
 Inc. Town of June Star
 OF
 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)

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

(2) Full Name of Child Anna Thudd

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

(3) BOY OR GIRL 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 It Mott SC
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Silvia Hayne
 (15) PRESENT POSTOFFICE OF MOTHER It Mott SC
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Wife
 (20) 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

(25) Address of Physician or Midwife It Mott SC

Given name added from a supplemental report

(26) Witness Mrs J. O. St. Lawrence

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

(27) Filed Apr 10 1922

(28)

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.