

WHILE FILLING, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 6.

ISSUED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Laurens  
Township of Ozark  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; .... Ward)

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**15595**

Registration District No. 2801 Registered No. 27  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
		<u>2</u>	<u>Yes</u>	<u>May 16, 1922</u> (Name of Month) (Day) (Year)
(8) FULL NAME FATHER			(9) NAME BEFORE MARRIAGE MOTHER	
<u>Albert Thompson</u>			<u>Ethel Bell Anderson</u>	
(10) PRESENT POSTOFFICE OF FATHER			(11) PRESENT POSTOFFICE OF MOTHER	
<u>Fountainville S.C.</u>			<u>Fountainville S.C.</u>	
(12) COLOR OR RACE	(13) AGE AT LAST BIRTHDAY	(14) COLOR OR RACE	(15) AGE AT LAST BIRTHDAY	
<u>Blk</u>	<u>26</u> (Years)	<u>Blk</u>	<u>22</u> (Years)	
(16) BIRTHPLACE	(17) OCCUPATION	(18) BIRTHPLACE	(19) OCCUPATION	
<u>S.C.</u>	<u>Farmer</u>	<u>S.C.</u>	<u>Housewife</u>	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	
<u>2</u>			<u>2</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alive at 8<sup>00</sup> M., on the date above stated.  
(Burn alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Stewart  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fountainville S.C.

Given name added from a supplemental report: \_\_\_\_\_

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

(27) Filed June 8, 1922 (28) M. C. Mahan 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.

Dear Only

Star

Ward

1. make

directed

2. 2.

(or)

Idad

R. H.

2. 8.

(or)

P. M.,  
P. M.)

Idwife

C.

UPR.

IRA