

(1) PLACE OF BIRTH

County of SixingtonTownship of Williston

or

Inc. Town of

or

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 Constevnia Pompey

File No.—For State Registrar Only

43503

Registered No. 2084

(For use of Local Registrar)

(3) BOY OR GIRL girl (4) Twin or Triplet? one (5) Number in order of birth 9 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 8 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elias R. Pompey(9) PRESENT POSTOFFICE OF FATHER Leesville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Kershaw County(13) OCCUPATION Farmer + Preacher(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Cooper(15) PRESENT POSTOFFICE OF MOTHER Leesville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Sixington County(19) OCCUPATION House-wife(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. Sidney Black

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Leesville S.C.

Given name added from a supplemental report

see affidavit7/25/44 L. A. R.

Registrar

(26) Witness

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

(27) Filed Oct. 10 1922(28) P. C. Sharkey

(29) 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.

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RECORD OF BIRTHS, DEATHS, AND MARRIAGES, AND STATE OF SOUTH CAROLINA, COLUMBIA, S. C.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.