

(1) PLACE OF BIRTH

County of Dillon
 Township of Hickory
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registry Only

17419

Registration District No. 1603 Registered No. 60
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child J. B. Thompson If child is not yet named, make supplemental report as directed

3 SEX OR Boy 4 Twin or Triplet No 5 Number in order of birth No 6 Are Parents Married No 7 DATE OF BIRTH June 17, 1923
 To be covered only in event of Twin or Triplet (Month of Month) (Day) (Year)

FATHER

8 FULL NAME Shapna Thompson

9 PRESENT POSTOFFICE OF FATHER Nichols S.C.

10 COLOR OR RACE Col- 11 AGE AT LAST BIRTHDAY 24 (Year)

12 BIRTHPLACE Dillon Co

13 OCCUPATION Farm Hand

14 Number of children born to mother, including present birth 1 and

MOTHER

14 NAME BEFORE MARRIAGE Carmie Owens

15 PRESENT POSTOFFICE OF MOTHER Nichols S.C.

16 COLOR OR RACE Col- 17 AGE AT LAST BIRTHDAY 15 (Year)

18 BIRTHPLACE Dillon Co

19 OCCUPATION Housework

20 Number of children of this mother now living, including present birth 1 and

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M.,
 (on the date above stated.) (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Brown (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Nichols S.C.

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 6-18-23 (28) Local Registrar H. H. Brown

When there was no attending physician or midwife, then the father, householder, or head of the household must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.