

Form No. 1

(1) PLACE OF BIRTH

County of AugustaTownship of Franklin

Inc. Town of

City of Franklin

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. H.10.8Registered No. 7
(For use of Local Registrar)(No. 18 W. Ber St. 3 Ward)(2) Full Name of Child Thermon Atkinson

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

3. BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Feb 2 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Thermon Atkinson(9) PRESENT POSTOFFICE OF FATHER Georgetown SC(10) COLOR OR RACE Col'd (11) AGE AT LAST BIRTHDAY Years(12) BIRTHPLACE Georgetown(13) OCCUPATION Baker(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Jacqueline Davis(15) PRESENT POSTOFFICE OF MOTHER Franklin SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 Years(18) BIRTHPLACE Franklin SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 3:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. W. Brown(24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Franklin SC

Given name added from a supplemental report

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

(27) Filed (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is needed before the fifth month of pregnancy.

MARRIAGE LICENSES AND FOR BIRTHS, WITH CERTIFICATES, MUST BE OBTAINED FROM THE CLERK OF THE COURT, FIRST-DEPT., NO. 1, THIS OFFICE, NO. 2, ETC., IN QUESTION 1.