

## (1) PLACE OF BIRTH

County of Greenville, S.C.

## CERTIFICATE OF BIRTH

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

File - For this registration

32424

Township of .....

Inc. Town of .....

City of Greenville, S.C.Registration District No. 2209ARegistered No. 398  
(For use of Local Registrar)EMMA MOSS BOOTH, MEMORIAL HOSPITAL  
(If birth occurs in a hospital, name of hospital instead of street and number.)(2) Full Name of Child Robert Thompson  
(If child is not yet named, make supplemental report as directed)(3) SEX OR CHILD Boy (4) Type or Triplet No (5) Number in order of birth 1 (6) Are Fresh Marriages No (7) DATE OF BIRTH Oct 21 1923  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME Hayden Kelly  
(9) PRESENT RESIDENCE OF FATHER Unknown  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
(Year) (12) BIRTHPLACE Unknown  
(13) OCCUPATION Telegraph  
(14) Number of children born to mother, including present birth 1MOTHER.  
(15) NAME BEFORE MARRIAGE Ether Thompson  
(16) PRESENT RESIDENCE OF MOTHER Greenville, S.C.  
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 25  
(Year) (19) BIRTHPLACE N.C.  
(20) OCCUPATION Telephone operator  
(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:00 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Mackay(24) State whether Physician or Midwife Phys.(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Date Nov 6 1923 (28) A. H. Mackay 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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