

## (1) PLACE OF BIRTH

County of *N. M. C.*Township of *Highland*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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4301* Registered No. *111*

File No.—For State Registrar Only

32598

(For use of Local Registrar)

## (2) Full Name of Child

*Miss Pomeroy*

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 15 22</i>
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FATHER		MOTHER		
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(8) FULL NAME <i>Mr Pomeroy</i>	(14) NAME BEFORE MARRIAGE <i>Anna Duker</i>
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(9) PRESENT POSTOFFICE OF FATHER <i>Greenville S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Greenville S.C.</i>
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(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>39</i>	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>30</i>
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(12) BIRTHPLACE <i>S.C.</i>	(18) BIRTHPLACE <i>S.C.</i>
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(13) OCCUPATION <i>Farmer</i>	(19) OCCUPATION <i>Housewife</i>
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(20) Number of children born to mother, including present birth <i>8</i>	(21) Number of children of this mother now living, including present birth <i>4</i>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Pomeroy* on the date above stated. *5 A.M.*(23) (Signature) *Rachel Tumbler*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Greenville S.C.*

Given name added from a supplemental report

(26) Witness *J. O. Blawie*(27) Filed *Sept 23 22*

(28) Local Registrar

\*When there was no attending physician or midwife, then the father, householders, 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.