

(1) PLACE OF BIRTH

County of WellingtonTownship of Hopeor
Inc. Town ofor
City of

(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 Nebia PompeyFile No. - For State Registrar Only
37942

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4301 Registered No. 140
(For use of Local Registrar)(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov 17 1929
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Wesley Pompey
(9) PRESENT POSTOFFICE OF FATHER Greshville S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1MOTHER.
(14) NAME BEFORE MARRIAGE Estell Red
(15) PRESENT POSTOFFICE OF MOTHER Greshville S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 7.2 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) Rebecca Dukes(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Greshville S.C.

(Give name added from a supplemental report)

(25) Witness

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

(27) Filed Nov 24 1929(28) Local Registrar J. H. Blackwell

*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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