

(1) PLACE OF BIRTH

County of GreenvilleTownship of DrandonvilleInc. Town GreenvilleCity Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

4071

Registered No. 39
(For use of Local Registrar)St. 10 Ward South

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

(2) Full Name of Child

Thomas James Pollard

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

(3) BOY OR GIRL Boy(4) Twin or Triplet X(5) Number in order of birth 1(6) Are Parents Married X(7) DATE OF BIRTH Dec 23
(Name of Month) (Day) (Year)

FATHER.

(8) FIRST NAME Thomas MorrisPollard(9) PRESENT POSTOFFICE OF FATHER Greenville SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 29
(Year)(12) BIRTHPLACE Polk Co. N.C.(13) OCCUPATION Ex. hile(14) Number of children born to mother, including present birth One (1)

MOTHER.

(15) NAME BEFORE MARRIAGE Justine Ann Kelley(16) PRESENT POSTOFFICE OF MOTHER Greenville SC(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 17
(Year)(19) BIRTHPLACE Polk Co. N.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.Hour 12:45 M., or P. M.(23) (Signature) J. B. Leblanc(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Greenville SC

(26) When same added from a supplemental report

(27) Witness

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

(28) Date Jan 1 1923(29) Local Registrar Thos. M. Leblanc

*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.