

(1) PLACE OF BIRTH

County of Anderson  
Township of Centerville

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. for State Registrar Only  
**12804**

Registration District No. 303 Registered No. 37  
(For use of Local Registrar)  
Inc. Town of North Anderson (No. St. Ward)  
City of North Anderson (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Emmo Thompson (If child is not yet named, make supplemental report as directed)

(3) SEX OR GENDER girl (4) Twin or Triplet ✓ (5) Number in order of birth ✓ (6) Are Parents Married? yes (7) DATE OF BIRTH May 24 23  
(Name of Month) (Day) (Year)  
To be answered only in event of Twin or Triplet

FATHER: (8) FULL NAME Will Thompson (9) PRESENT POSTOFFICE OF FATHER Anderson S.C. (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Year)  
(12) BIRTHPLACE Anderson Co. S.C. (13) OCCUPATION Farmer  
MOTHER: (14) NAME BEFORE MARRIAGE Emma Jacobson (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Year)  
(18) BIRTHPLACE Centerville S.C. (19) OCCUPATION Domestic  
(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) A. D. Pruitt (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report  
19  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed May 30 19 23 (28) 1 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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