

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Sumter

(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

File No.—For State Registrar Only

16843

Only

Registration District No. 410 Registered No. 66

(For use of Local Registrar)

City of Sumter (No. 203 S. Sumter 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 Miriam Annelisa Thigpen If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) May 10 1922

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FATHER.

MOTHER

(8) FULL NAME

Allen Thigpen

(14) NAME BEFORE MARRIAGE

Mabel Thigpen

(9) PRESENT POSTOFFICE OF FATHER

Sumter, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Sumter, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24 (Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24 (Years)

(12) BIRTHPLACE

S. C.

(18) BIRTHPLACE

S. C.

(13) OCCUPATION

Jeweler

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

1

(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 Alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

T. R. Littlejohn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianSumter, S.C.

Given name added from a supplemental report

(26) Witness

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

May 10 1922

(27) Local Registrar

Registrar

Midwife

use

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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