

## (1) PLACE OF BIRTH

County of Jefferson  
 Township of P. Mt. Springs  
 or  
 Inc. Town of.....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

31188

Registration District No. 43110Registered No. 23  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

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

3) BOY OR GIRL Boy 4) Twin or Triplet? L 5) Number in order of birth L 6) Are Parents Married Yes 7) DATE OF BIRTH Sept 7, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Thomas Pound  
 9) PRESENT POSTOFFICE OF FATHER Gaston S.C.  
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 33 (Years)  
 12) BIRTHPLACE S.C.  
 13) OCCUPATION Farming  
 20) Number of children born to mother, including present birth 15

## MOTHER.

14) NAME BEFORE MARRIAGE Maud Mack  
 15) PRESENT POSTOFFICE OF MOTHER Gaston S.C.  
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 27 (Years)  
 18) BIRTHPLACE S.C.  
 19) OCCUPATION Domestic  
 21) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Born alive at... 2 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. C. E. Wise(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Gaston S.C.

Given name added from a supplemental report

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

(27) Filed Sept 9, 1922 (28) Ans. Joe. F. Lamm 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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