

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of

(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

21165

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(7) DATE OF BIRTH

July 3, 23

(8) FULL NAME

Kirk Thompson

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C. R. 2

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

1

(14) NAME BEFORE MARRIAGE

Sensabel Allen

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C. R. 2

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

15

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm work

(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 4 P.M.

on the date above stated.

(Born alive or stillborn)

(Hour, M. or P. M.)

(23) (Signature)

Anna X. Coats

(24) State whether Physician or Midwife

Midwife

Address of Physician or Midwife

Greenville R. 2

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 6, 23

(28)

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.