

(1) PLACE OF BIRTH

County of UnionTownship of Livingston

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

2853

Registration District No. 202 Registered No. 6

(For use of Local Registrar)

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

(2) Full Name of Child John Thomsen

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 15, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Hattie Thomsen(9) PRESENT POSTOFFICE OF FATHER Batesburg, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Texas(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Alberta Williams(15) PRESENT POSTOFFICE OF MOTHER Batesburg, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 15 (Years)(18) BIRTHPLACE Union Co.(19) OCCUPATION House wife(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 4:00 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie Thomsen(24) State whether Physician or Midwife mid wife(25) Address of Physician or Midwife Texas

Given name added from a supplemental report

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

(27) Filed Feb. 10, 1922 (28) A. L. Thomsen 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.

MAINTAINABLE FOR BIRTH RECORDS
 THIS FORM IS TO BE USED FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 BUREAU OF VITAL STATISTICS, S. C.