

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....  
or  
City of Greenville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

21097

Registration District No. 22A Registered No. 379

(For use of Local Registrar)

(No. 132 Palmetto Ave. 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 A. T. Thompson { If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH July 5th, 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Walter Thompson(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Greenville Co., S. C.(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Gordia McKinney(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Greenville Co., S. C.(19) OCCUPATION Housework(20) Number of children born to mother, including present birth 4(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was alive at 11.05 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

101

Registrar

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

(27) Filed July 30, 1923 (28) C. G. Smith 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.

AS A CHILD BREATHES, EVEN ONCE, IT MUST NOT BE REPORTED AS STILLBORN BEFORE THE FIFTH MONTH OF PREGNANCY.