

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of Lainier

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

1033

Registration District No.

Registered No.

(For use of Local Registrar)

Sec.: Ward)

(No.

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

(2) Full Name of Child

(1) BOY OR GIRL

Boy

(4) Twin or Triplet

1

(5) Number in order of birth

7

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Feb-1-1923

MOTHER

(8) FULL NAME

Harry Thompson

(9) PRESENT POSTOFFICE OF FATHER

St. James S.C.R.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

46

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm

(14) NAME BEFORE MARRIAGE

Malinda Stephens

(15) PRESENT POSTOFFICE OF MOTHER

St. James S.C.R.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House

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

7

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(Born alive or stillborn)

at 2 P.M. Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

10

(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.