

(1) PLACE OF BIRTH

County of York
 Township of Bull Creek
 Inc. Town of

CERTIFICATE OF BIRTH

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

30610

Registration District No. 4403Registered No. 43
(For use of Local Registrar)

City of (No. 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 Hattie Thompson (If child is not yet named, make supplemental report as directed)

(a) SEX Girl (b) TIME 1 (c) NUMBER OF CHILDREN 1 (d) YES yes (e) DATE OF BIRTH Sept. 27, 1933
 (Name of Mother) (Sex) (Age)

FATHER		MOTHER	
(1) NAME BEFORE MARRIAGE <u>Charlie Thompson</u>	(1) NAME BEFORE MARRIAGE <u>Mary Craig</u>	(2) PRESENT RESIDENCE OF FATHER <u>Bull Creek SC</u>	(2) PRESENT RESIDENCE OF MOTHER <u>Bull Creek SC</u>
(3) COLOR <u>Black</u>	(3) COLOR <u>Black</u>	(4) AGE AT LAST BIRTHDAY <u>38</u>	(4) AGE AT LAST BIRTHDAY <u>34</u>
(5) BIRTHPLACE <u>York Co SC</u>	(5) BIRTHPLACE <u>York Co SC</u>	(6) OCCUPATION <u>Farmer</u>	(6) OCCUPATION <u>Housewife</u>
(7) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BIRTH <u>8</u>	(7) NUMBER OF CHILDREN OF MOTHER BORN, INCLUDING PRESENT BIRTH <u>8</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Sex A. M. or F. M.)

(29) (Signature) M. L. Lister
 (30) State whether Physician or Midwife Physician (31) Address of Physician or Midwife Bull Creek SC

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (33) Date Oct 9, 1933 (34) W. C. Mitchell Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.