

(1) PLACE OF BIRTH

County of Spartanburg
 Township of BS
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. 22500 for State Registrar Only

Registration District No. Howard Registered No. 19
 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 Margaret Virginia Thompson (If child is not yet named, make supplemental report as directed)

(3) SEX Female (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH July 18 19 23
 To be covered only in case of Twin or Triplet
 (8) FATHER'S FULL NAME Robert P. Thompson (9) MOTHER'S FULL NAME Rosa Sheldan
 (10) PRESENT POSTOFFICE OF FATHER Jacobs (11) PRESENT POSTOFFICE OF MOTHER same
 (12) COLOR OR RACE W (13) AGE AT LAST BIRTHDAY 27 (14) COLOR OR RACE W (15) AGE AT LAST BIRTHDAY 27
 (16) BIRTHPLACE SC (17) BIRTHPLACE SC
 (18) OCCUPATION Housework
 (19) Number of children born to mother, including present birth 5 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) [Signature] (23) Address of Physician or Midwife Duncan
 (24) State whether Physician or Midwife

Given name added from a supplemental report

1-15-52

(25) Witness (Signature of Witness necessary only when question 23 is signed by M.D.)

(26) Filed 7/20 19 23 (27) Local Registrar [Signature]

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.

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.