

Form No. 1

(1) PLACE OF BIRTH

County of Berkley Co.Township of St. James.or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 760. Registered No.

(For use of Local Registrar)

File No.—For State Registrar Only

37347

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

(2) Full Name of Child George Thompson If child is not yet named, make supplemental report as directed3) BOY OR GIRL Boy 4) Twin or Triplet? 1 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Nov 2 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME George Thompson9) PRESENT POSTOFFICE OF FATHER Pidgeville S.C.10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 30 (Years)12) BIRTHPLACE Berkley Co13) OCCUPATION Farming20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Pearl Smith15) PRESENT POSTOFFICE OF MOTHER Pidgeville S.C.16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 25 (Years)18) BIRTHPLACE Berkley Co19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Luzie Good(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pidgeville S.C.

Given name added from a supplemental report

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

(27) Filed Dec 1 22 (28) R. F. 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.