

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

Dorothy Thompson

File No. — For State Registrar Only

25406

Registration District No. 1106

Registered No. 90
(For use of Local Registrar)3) BOY OR
GIRL?

Girl

(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTH

May 1, 22

(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME

Carnes B. Thompson

9) PRESENT
POSTOFFICE
OF FATHER

Lando S.C.

(10) COLOR
OR
RACE

white

(11) AGE AT LAST
BIRTHDAY37
(Years)

12) BIRTHPLACE

N.C.

13) OCCUPATION

mill operator

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

4

MOTHER.

(14) NAME BEFORE
MARRIAGE

Lillian Knight

(15) PRESENT
POSTOFFICE
OF MOTHER

Lando S.C.

(16) COLOR
OR
RACE

white

(17) AGE AT LAST
BIRTHDAY31
(Years)

(18) BIRTHPLACE

Lenoir County

(19) OCCUPATION

Domestic

(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 at 2-10 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mrs M. A. Loney

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Lando S.C.

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

8/19/22

(28) J. S. Hollis

Local Registrar.

Registrar

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.