

Form No. 1

(1) PLACE OF BIRTH

County of Kershaw
 Township of Buffalo
 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

43056

Registration District No. 2700 Registered No. 148
 (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 Calvin Thompson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth: 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 2 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER. TRVESDALE	
(8) FULL NAME <u>Julia Thompson</u>	(14) NAME BEFORE MARRIAGE <u>Allie Truesdale</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Kershaw SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Kershaw SC</u>
(10) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. J. Thompson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kershaw

Given name added from a supplemental report

(26) Witness L. J. McCaslin
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) DEC 10 1922 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.