

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of

or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — for State Registrar Only

37072

Registration District No. 39

Registered No. 421

(For use of Local Registrar)

(2) Full Name of Child Willie Concess Thompson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? No

(5) Number in order of birth 1st

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov. 11

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Willie Thompson

(9) PRESENT POSTOFFICE OF FATHER Anderson Co. RT# 7

(10) COLOR OR RACE N (11) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE Anderson Co. S.C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Pearl Mae Watt

(15) PRESENT POSTOFFICE OF MOTHER Anderson Co. RT# 7

(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 17

(Years)

(18) BIRTHPLACE Anderson Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. C. Clark

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson Co. S.C.

Given name added from a supplemental report

191

Registrar

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

(27) Filed 191 (28) P. B. CRAYTON

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.