

(1) PLACE OF BIRTH
County of Marionville
Township of Fairview
or
Inc. Town of
or
City of

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

No. 17814 — For State Registrar Only

Registration District No. Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Hagley M. Thompson If child is not yet named, make supplemental report as directed

(3) ONLY (4) Twin or Triplet 2 (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH June 27, 1923

FATHER
(8) FULL NAME Arthur S. Thompson

(9) PRESENT POSTOFFICE OF FATHER Princeton S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER
(14) NAME BEFORE MARRIAGE Clauddy Reynolds

(15) PRESENT POSTOFFICE OF MOTHER Princeton S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P.M. on the date above stated. (If stillborn, state time and date of death.)

(23) (Signature) H. B. Stewart (24) State South Carolina (25) Address of Physician or Midwife Princeton S.C.

(26) Given name added from a supplemental report

Gamine Lacey
Oct 5, 1923

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

(28) Filed 19 (29) 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.