

(1) PLACE OF BIRTH

County of AdamsTownship of Greggor Town of Graniteville

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 19632

19632

Registration District No. 2-BRegistered No. 38

(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 Joseph Edw. Thompson

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are parents married Yes (7) DATE OF BIRTH July 28 1933(8) FULL NAME OF FATHER Fredrick Joseph Thompson (9) FULL NAME OF MOTHER Emilie Hogan(10) PRESENT RESIDENCE OF FATHER Graniteville, S.C. (11) PRESENT RESIDENCE OF MOTHER Graniteville, S.C.(12) COLOR OR RACE white (13) AGE AT LAST BIRTHDAY 30 (14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 27(16) BIRTHPLACE Warren Co. Ga. (17) BIRTHPLACE Glascock Co. Ga.(18) OCCUPATION Textile (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 13 (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 born alive at 7:10 P.M. on the date above stated. (Born alive or stillborn) (Month, day, and year)(23) (Signature) W. H. P. Turnbull, M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Graniteville, 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 85/23 W. H. P. Turnbull, M.D. 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.

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W. H. P. Turnbull