

MARGIN RESERVED FOR BUNDLING.
WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. See instructions
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. for State Registrar	
County of <i>Greene</i>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		32240	
Township of <i>Indian</i>		Registration District No. <i>2014</i>		Registered No. <i>2292</i>	
Inc. Town of		(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 <i>Thompson</i>					
If child is not yet named, make supplemental report as directed					
(3) SEX OF CHILD <i>Girl</i>	(4) Type of Trunk	(5) Number in order of birth	(6) Is Premature?	(7) DATE OF BIRTH <i>Feb 31 1933</i>	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <i>Bernie E. Thompson</i>	(14) NAME BEFORE MARRIAGE <i>Clyde E. Cox</i>				
(9) PRESENT OCCUPATION OF FATHER <i>Hennings SS</i>	(15) PRESENT OCCUPATION OF MOTHER <i>Bernie</i>				
(10) COLOR OR RACE <i>W</i>	(11) AGE AT LAST BIRTHDAY <i>22</i>	(12) COLOR OR RACE <i>W</i>	(13) AGE AT LAST BIRTHDAY <i>21</i>		
(16) BIRTHPLACE <i>LS</i>	(17) BIRTHPLACE <i>LS</i>				
(18) OCCUPATION <i>Woman</i>	(19) OCCUPATION <i>housewife</i>				
(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>2</i>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was at M. on the date above stated. (Name of child as stillborn) (Name A.M. or P.M.)					
(23) (Signature) <i>A. H. Hester</i>					
(24) State whether Physician or Midwife <i>Physician or Midwife</i>					
(25) Address of Physician or Midwife <i>Johnston</i>					
Given name added from a supplemental report			(26) Witness		
			(Signature of Witness necessary only when question 25 is signed by mark)		
			(27) Filed <i>Nov. 11 1933</i>		
			(28) <i>L. H. Portman</i> 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.