

## (1) PLACE OF BIRTH

County of YorkTownship of Bullock Creekor  
Dist. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4409 Registrar No. 44

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

(a) SEX OF CHILD <u>Girl</u>	(b) Type of Twin <u>None</u>	(c) Number in order of birth <u>2</u>	(d) Is Child Living <u>Yes</u>	(e) DATE OF BIRTH <u>Sept 29, 1923</u>
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FATHER		MOTHER	
(1) NAME BEFORE MARRIAGE <u>Charlie Thompson</u>	(1) NAME BEFORE MARRIAGE <u>Mary Craig</u>	(2) PRESENT RESIDENCE OF FATHER <u>Bullock Creek SC</u>	(2) PRESENT RESIDENCE OF MOTHER <u>Bullock Creek SC</u>
(3) COLOR <u>Black</u>	(3) COLOR <u>Black</u>	(4) AGE AT LAST BIRTH <u>38</u>	(4) AGE AT LAST BIRTH <u>34</u>
(5) BIRTHPLACE <u>York Co SC</u>	(5) BIRTHPLACE <u>York Co SC</u>	(6) OCCUPATION <u>Farmer</u>	(6) OCCUPATION <u>Housewife</u>
(7) Number of children born to mother, including present birth <u>8</u>	(7) Number of children of this mother now living, including present birth <u>8</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Born alive at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(29) (Signature) Lydia Jester

(30) State whether Physician or Midwife

(31) Address of Physician or Midwife Bullock Creek SC

Given name added from a supplemental report

(32) Witness (signature of Witness necessary only when question 28 is signed by marks)

(33) Signed W. A. Mitchell (34) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.