

## (1) PLACE OF BIRTH

County of York

Township of .....

or

Inc. Town of .....

or

City of Rock Hill

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

(2) Full Name of Child John Edward Thompson2) BOY OR GIRL Boy(4) Twin or Triplet No

(5) Number in order of birth

(6) Age at birth

(7) DATE OF BIRTH Jan 17 1922

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME W. Thompson9) PRESENT POSTOFFICE OF FATHER Drayton St(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 36

(Years)

(12) BIRTHPLACE Clifford St(13) OCCUPATION Retired(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Wilma Parmer(15) PRESENT POSTOFFICE OF MOTHER Drayton St(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 22

(Years)

(18) BIRTHPLACE Clifford St(19) OCCUPATION Domestic(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 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John E. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Rock Hill

Given name added from a supplemental report

M. P. Woodward, M.D.6/17/43

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 21 1922(28) 6/17/43(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.

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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2544

Registration District No. 4008Registered No. 8

(For use of Local Registrar)

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

WHITE PLAIN: WITH UNPAID FINE—THIS IS A PERMANENT RECORD  
 IN CASE OF TWIN OR TRIPLET USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 PARTITION, No. 1 THIS OFFICE, No. 2, etc. in question 8.

MEANS OF COLUMBIA, COLUMBIA, S. C.