

(1) PLACE OF BIRTH

County of LaurensTownship of Laurens

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43300

Registration District No. 1907Registered No. 159
(For use of Local Registrar)(2) Full Name of Child Lauren Thompson

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 27, 72
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Lauren Thompson(9) PRESENT POSTOFFICE OF FATHER Laurens SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Laurens Co SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 3 }

MOTHER

(14) NAME BEFORE MARRIAGE Lula Wright(15) PRESENT POSTOFFICE OF MOTHER Laurens SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Laurens SC(19) OCCUPATION Housewife(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 8:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Frank Campbell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens SC #6

Given name added from a supplemental report

(26) Witness Laura Wright

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

(27) Filed Jan 7 73 (28) J. H. H. H. 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.

Registrar

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