

(1) PLACE OF BIRTH

County of WilliamsTownship of Andoveror
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

6022

Registration District No. 430 Registered No. 3
(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 Ossie May Thomson If child is not yet named, make supplemental report as directed

(3) SEX — OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Age Parents Married? (7) DATE OF BIRTH (Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>J. H. Thomson</u>	(14) NAME BEFORE MARRIAGE	<u>Carry Dennis</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Trid SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Trid SC</u>
(10) COLOR OR RACE	<u>W</u>	(16) COLOR OR RACE	<u>W</u>
(11) AGE AT LAST BIRTHDAY (Years)	<u>40</u>	(17) AGE AT LAST BIRTHDAY (Years)	<u>20</u>
(12) BIRTHPLACE	<u>Id</u>	(18) BIRTHPLACE	<u>Id</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Teacher</u>
(20) Number of children born to mother, including present birth	<u>One</u>	(21) Number of children of this mother now living, including present birth	<u>One</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Trid SC (Hour 7 P. M.) (Born alive or stillborn)(23) (Signature) Dr. Dubois (24) State whether Physician or Midwife (25) Address of Physician or Midwife Trid SC

Given name added from a supplemental report

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

(27) Filed 23 1927 (28) J. H. Chandler 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.