

(1) PLACE OF BIRTH

County of Waltham

Township of Andover

or
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. 1320 Registered No. 3
(For use of Local Registrar)

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 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

(8) FULL NAME J. H. Thomson

(9) PRESENT POSTOFFICE OF FATHER Tried SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Id

(13) OCCUPATION Team

(14) Number of children born to mother, including present birth one

MOTHER

(14) NAME BEFORE MARRIAGE Carry Dennis

(15) PRESENT POSTOFFICE OF MOTHER Tried SC

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Id

(19) OCCUPATION Teacher

(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was one at 7 (Hour) 2 (Hour) P. M. (Born alive or stillborn)

(23) (Signature) Dr. Dubois (24) State whether Physician or Midwife (25) Address of Physician or Midwife Andover SC

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 23 1927 (28) J. H. Coates 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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