

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in questions 1

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

17693

(If birth occurs in a hospital,)

Registration District No. 21.02 Registered No. 36
(For use of Local Registrar)



(2) Full Name of Child James P. Thompson If child is not yet named, submit supplemental report as directed

(2) BOY OR GIRL <i>43501</i>	(4) Twin or Triplet? <i>No</i> <small>To be answered only in event of Twin or Triplet</small>	(3) Number in order of birth <i>1</i>	(5) Are Parents Married? <i>Yes</i>	(6) DATE OF BIRTH <i>June 27 1922</i> <small>(Month) (Day) (Year)</small>
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<p>FATHER</p>		<p>MOTHER</p>	
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(14) NAME BEFORE MARRIAGE: Lina

(9) PRESENT POSSESSIONS

PHOTOGRAPH OF FATHER		PHOTOGRAPH OF MOTHER	
			
(11) AGE AT LAST 33		(12) COLOR 1	
(13) AGE AT LAST 33		(14) AGE AT LAST 33	

(10) COLOR OR RACE Black (11) NIGHT DAY BIRTHDAY 2 3 (Year) (12) COLOR OR RACE Black BIRTHDAY 12 07 60 (Year)

(12) BIRTHPLACE	W. C. Smith, Jr.	(13) BIRTH DATE	W. C. Smith, Jr.
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(1b) OCCUPATION	(1b) OCCUPATION
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2294 2294

(20) Number of children born to mother, including present birth	1	(21) Number of children of this mother now living, including present birth	1
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was... born alive ... at... 11 A. M. ...
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature) Jim Small

(24) State whether Physician or Midwife

Given name added from a supplement-
al report

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

(97) 770-4 ... 10 23 (25) ... *M. L. L. N.* ... 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.