

(1) PLACE OF BIRTH

County of 7. Florence S.C.Township of 4

or

Inc. Town of 4

or

City of 4

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
42304Registration District No. 2.0-ARegistered No. 376
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 5</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Damon H. Thompson(9) PRESENT POSTOFFICE OF FATHER 7 Florence S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE 7 Florence S.C.(13) OCCUPATION R.R. Shop(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Eugenia Nettles(15) PRESENT POSTOFFICE OF MOTHER 223 S. B. 7 Florence S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE 7 Florence S.C.(19) OCCUPATION Nurse work(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) St. C. Strother, M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 1084 Dargan S. Florence

Given name added from a supplemental report

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

(27) Filed 1.2.18 1922 (28) P. H. Bachman 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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