

## (1) PLACE OF BIRTH

County of LawrenceTownship of NewberryInc. Town of ClintonCity of Clinton

(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

86321

Registration District No. 29 B Registered No. 108

(For use of Local Registrar)

St. N. Season Ward 5

## (2) Full Name of Child

James Royal Thompson

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb. 5 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Hoffman Thompson

(9) PRESENT POSTOFFICE OF FATHER

Clinton S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23 (Years)

(12) BIRTHPLACE

Georgia

(13) OCCUPATION

Cotton mill operator

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

One

## MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie May Gregory

(15) PRESENT POSTOFFICE OF MOTHER

Clinton S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

Spartanburg Co. S.C.

(19) OCCUPATION

Domestic

(21) 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 born at Clinton on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianClinton S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

Dec 5 1916

(28)

J. L. W. Bailey

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.