

Form No. 1

(1) PLACE OF BIRTH

County of DeeTownship of Waggoner

Inc. Town of

City of

(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

19621

Registration District No. 3506 Registered No. 63

(For use of Local Registrar)

(2) Full Name of Child William Thompson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 26, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Will Thompson(9) PRESENT POSTOFFICE OF FATHER Walhalla(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE Dee Co S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Reed Henderson(15) PRESENT POSTOFFICE OF MOTHER Walhalla(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37 (Year)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:55 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edith J. Proby(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Walhalla S.C.

Given name added from a supplemental report

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

(27) Filed July 1, 22 (28) Edith J. Proby 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 question 5.

MADE IN COLUMBIA, COLUMBIA, S. C.