

(1) PLACE OF BIRTH

County of Greenville
Township of Paris Ont.
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42804

Registration District No. 22.14 Registered No. 61
(For use of Local Registrar)

(No. 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 Lura Mae Thompson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marshall Thompson
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C. R.3.
(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Greenville, S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Cilla Gray
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Greenville Co.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) P. M. Johnson (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Greenville, S.C. R.3.

Given name added from a supplemental report

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

(27) Filed Jan. 10, 1923 (28) John B. Fester 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.