

## (1) PLACE OF BIRTH

County of Charleston S.C.  
 Township of Charleston S.C.  
 or  
 Inc. Town of Charleston S.C.  
 or  
 City of Charleston S.C.

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

10317

609

Registered No. ....  
(For use of Local Registrar)Registration District No. 91

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 Lucile Thompson

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH April 15, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME St Elms. Thompson(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Matchez, Miss.(13) OCCUPATION Butcher, Brother(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Wilhelmina Brown(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 21 (Year)(18) BIRTHPLACE Manning, S.C.(19) OCCUPATION Home work(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Albie Decker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 15 ThompsonM - W

Given name added from a supplemental report

(26) Witness

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

(27) Filed 4/20/22

(28)

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.