

(1) PLACE OF BIRTH

County of Auderson
 Township of Hall
 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

6457

Registration District No. 306 Registered No. 24
 (For use of Local Registrar)

St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (supplemental report as directed)

(2) Full Name of Child Alma Elizabeth Thompson

(3) SEX OF GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 12 22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Hall Thompson(9) PRESENT POSTOFFICE OF FATHER Ira(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21
 (Years)(12) BIRTHPLACE Auderson Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Lola Mae Bruce(15) PRESENT POSTOFFICE OF MOTHER Ira(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
 (Years)(18) BIRTHPLACE Auderson Co(19) OCCUPATION House wife(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 Alma at 10 P.
 on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)

(23) (Signature) Mrs W. N. Beatty
 (24) State whether Physician or Midwife Midwife (25) Address of Physal or Midwife Ira

Given name added from a supplemental report

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

(27) Filed Mar 13 1922 (28) S. M. McAdams 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.