

Form No. 1

(1) PLACE OF BIRTH

County of Harry
 Township of Conway
 OF
 Inc. Town of
 OF
 City of

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

File No.—For State Registrar Only

4203

Registration District No. 252 Registered No. 25
 (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

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 Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Feb. 28, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME A. Bishop Thompson(9) PRESENT POSTOFFICE OF FATHER Nixonville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
 (Year)(12) BIRTHPLACE Near Conway, S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Brainerd(15) PRESENT POSTOFFICE OF MOTHER Nixonville, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
 (Year)(18) BIRTHPLACE Near Conway

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:52 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour, A. M., or P. M.)

(23) (Signature) Laura Deberry (midwife)(24) State whether Physician or Midwife (25) Address of Physician or Midwife Nixonville, S.C.

Given name added from a supplement-
 al report

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

Filed Mar 5 1923 (28) J. L. Dozier
 Local Registrar.

*When there was stillbirth, the mother, father, or other person, other than the father, householder, etc., should make this return.
 If a child breathes and is reported as stillborn, No report is desired of stillbirths
 occurring less than one month of pregnancy.

In cases 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 1.