

## (1) PLACE OF BIRTH

County of *Sanford*  
 Township of *Conover*  
 or  
 Inc. Town of .....  
 or  
 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

1718

Registration District No. *2801*Registered No. *5*

(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child *Johnnie Lee Thompson*

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

(3) BOY OR GIRL *Boy*(4) Twin or Triplet? *No*  
To be numbered only in event of Twins or Triplets(5) Are Parents Married? *Yes*(7) DATE OF BIRTH *Jan 11 1922*  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *Johnnie Thompson*(9) PRESENT POSTOFFICE OF FATHER *Lawrence S. C.*(10) COLOR OR RACE *Collard* (11) AGE AT LAST BIRTHDAY *21* (Years)(12) BIRTHPLACE *Lawrence S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *One*

## MOTHER

(14) NAME BEFORE MARRIAGE *Eithie Jones*(15) PRESENT POSTOFFICE OF MOTHER *Lawrence S.C.*(16) COLOR OR RACE *Collard* (17) AGE AT LAST BIRTHDAY *23* (Years)(18) BIRTHPLACE *Lawrence S.C.*(19) OCCUPATION *Farmer*(21) Number of children of this mother now living, including present birth *One*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12 A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mad with Lawrence S.C.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness *Kathie Jones*

(Signature of witness necessary only when question 22 is signed by mark)

(27) Filed *Jan 11 1922* (28) Loc. *2101*

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.