

No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

or Anderson (No. St.)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jason Thompson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

38411

Registered No. 447
(For use of Local Registrar)SEX Male(4) Type or Trauma
To be given only in case of Trauma or Fracture

(5) Number in order of birth

(6) Age at birth 7/10DATE OF BIRTH Dec 26 1920
(Month of Year) (Day) (Year)

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

FATHER

FULL NAME Steve ThompsonPRESENT POSTOFFICE OF FATHER AndersonCOLOR OR RACE negro (11) AGE AT LAST BIRTHDAY (Year)BIRTHPLACE Anderson CoOCCUPATION Ch. HelperNumber of children born to mother, including present birth 7

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE Beulah Markie(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY (Year)(17) BIRTHPLACE Anderson Co(18) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Name added from a supplemental report

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

(26) Filed (27) (28) (29)

If there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is needed of stillbirth before the fifth month of pregnancy.