

Form No. 3

(1) PLACE OF BIRTH

County of FairfieldTownship of 89

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

3747

Registration District No. 1908 Registered No. 12
(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 Hosie Thompson

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? X(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 10 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jarvis Thompson(9) PRESENT POSTOFFICE OF FATHER Ministons(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 22

(Year)

(12) BIRTHPLACE Fairfield(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Josanna Hall(15) PRESENT POSTOFFICE OF MOTHER Ministons(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23

(Year)

(18) BIRTHPLACE Fairfield Co. S.(19) OCCUPATION Farm laborer(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 born alive .. St. 7 .. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Minister

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ministons

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb 27 1923(28) De Ruff

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.