

(1) PLACE OF BIRTH

County of Greenville

Township of Chlor Springs

or
Inc. Town of Greer S.C.

or
City of

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

File No.—For State Registrar Only
90056

Registration District No. 2204 Registered No. 118
(For use of Local Registrar)

(2) Full Name of Child James Mitchell } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 17, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME M. Henry Thompson
(9) PRESENT POSTOFFICE OF FATHER Greer S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 47 (Years)
(12) BIRTHPLACE Lex. Co. S.C.
(13) OCCUPATION Sailor
(20) Number of children born to mother, including present birth 7

MOTHER.
(14) NAME BEFORE MARRIAGE Madora A. Thompson
(15) PRESENT POSTOFFICE OF MOTHER Greer S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE Carlise S.C.
(19) OCCUPATION Seamstress
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2 o'clock A.M. on the date above stated. (Born, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Green
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Lucy Beasley

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 12/30 1916 (28) F. G. James 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.

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