

(1) PLACE OF BIRTH

County of *Lancaster*Township of *Leopold*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar Only
21680Registration District No. *29.0.5* Registered No. *23*
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child *James Thompson*
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <i>boy</i>	4) Twin or Triplet? <i>No</i>	5) Number in order of birth <i>4</i>	6) Are Parents Married? <i>yes</i>	7) DATE OF BIRTH <i>July 23, 1926</i>
FATHER.			MOTHER.	
8) FULL NAME <i>Albert Thompson</i>			14) NAME BEFORE MARRIAGE <i>Bertha W. King</i>	
9) PRESENT POSTOFFICE OF FATHER <i>Lancaster P. 2</i>			15) PRESENT POSTOFFICE OF MOTHER <i>Lancaster A. P. 2</i>	
10) COLOR OR RACE <i>negro</i>	11) AGE AT LAST BIRTHDAY <i>32</i>		16) COLOR OR RACE <i>negro</i>	17) AGE AT LAST BIRTHDAY <i>30</i>
12) BIRTHPLACE <i>near Highsville S.C.</i>			18) BIRTHPLACE <i>near Clinton S.C.</i>	
13) OCCUPATION <i>farmer</i>			19) OCCUPATION <i>housekeeper</i>	
20) Number of children born to mother, including present birth <i>six</i>			21) Number of children of this mother now living, including present birth <i>six</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8 P.M.* on the date above stated.
(If child is stillborn, mark "stillborn" in space above "M. or P. M.")(23) (Signature) *Dr. J. H. Simpson*
(24) State whether Physician or Midwife *Physician* (If Anderson of Phys. or Midwife)

(If name added from a supplemental report)

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

(27) Filed *July 25, 1926* *R. J. Suman* 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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