

(1) PLACE OF BIRTH

County of Lantern
Township of Seaford
of
Inc. Town of
of
City of

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

No. for State Registrar Only
21880

Registration District No. 29.0.5 Registered No. 23
(For use of Local Registrar)

(2) Full Name of Child

James Thompson

(No. St. Ward)
If child is not yet named, make supplemental report as directed

7) BOY OR GIRL boy 8) Twin or Triplet No 9) Number in order of birth 4 10) Are Parents Married yes 11) DATE OF BIRTH July 23 23
To be answered only in event of Twin or Triplet

FATHER.
12) FULL NAME Albert Thompson
13) PRESENT POSTOFFICE OF FATHER Lantern S.C. P. 2
14) COLOR OR RACE negro 15) AGE AT LAST BIRTHDAY 32
16) BIRTHPLACE near Ryherville S.C.
17) OCCUPATION farmer
18) Number of children born to mother, including present birth six

MOTHER.
19) NAME BEFORE MARRIAGE Bertha W. King
20) PRESENT POSTOFFICE OF MOTHER Lantern S.C. P. 2
21) COLOR OR RACE negro 22) AGE AT LAST BIRTHDAY 30
23) BIRTHPLACE near Clinton S.C.
24) OCCUPATION housekeeper
25) Number of children of this mother now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was alive at 8:00 P. M., on the date above stated. (Hour M. or P. M.)

(27) (Signature) [Signature] (28) State of South Carolina Physician or Midwife (Address of Phys. or Midwife) [Address]

(Given name added from a supplemental report)

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

(30) Filed July 25 1923 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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