

17. B.—In case of twins or triplets use a significant blank for each child and mark the eldest-born, No. 4. THE OTHER, No. 2; etc. in question 5.

(1) PLACE OF BIRTH:

County of Polk
Township of Deeble
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39562

Registration District No.

Registered No. 155
(For use of Local Registrar)

City of (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 Alvin Raymond Thompson If child is not yet named, make prenatal report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>11/3/22</i> (Name) (Month) (Day) (Year)
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FATHER.
b FULL NAME *Lo Vignone*

9) PRESENT POSTOFFICE OF FATHER *Chermside*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *31* (Years)

12. BIRTHPLACE *Revere Co*

13) OCCUPATION *Homemaker*

(20) Number of children born to mother, including present birth

(14) NAME BEFORE MARRIAGE *Mallie Spauld*

(15) PRESENT POSTOFFICE OF MOTHER *Albuquerque*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *25*

(18) BIRTHPLACE *Alconne Be*

(19) OCCUPATION *Home Keeper*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was White at 4 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Emily Vison

(24) State whether Physician or Midwife _____

(25) Address of Physician or Midwife _____

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Michaels

Given name added from a supplemental report

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

(27) Filed 11/11 1922. (28) W. S. Helch
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.