

Form No. 3

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Highland

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

 File No.—For State Registrar Only  
**14262**
Registration District No. 2211Registered No. 15  
(For use of Local Registrar)

## (2) Full Name of Child

Thompson

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Is Child Married Yes(7) DATE OF BIRTH Feb 3 1923

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Tomie Thompson(9) PRESENT POSTOFFICE OF FATHER Campobello S.C. #3(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE Hattie Ann Mason(15) PRESENT POSTOFFICE OF MOTHER Campobello S.C. #3(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 5 A.M. on the date above stated. (Mark alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) T. C. Morrow

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Physician Campobello S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed June 9, 1923(27) Local Registrar S. J. Wilson

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.