

fifth month of pregnancy.

(1) PLACE OF BIRTH

County of York  
 Township of White  
 or  
 Loc. Town of White  
 or  
 City of White

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

31402

Registration District No. 3402 Registered No. 109  
 (For use of Local Registrar)

(2) Full Name of Child Lamilla Thompson

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

(3) SEX OR GIRL? Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 2 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Robert Thompson  
 (9) PRESENT POSTOFFICE OF FATHER White  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Years)  
 (12) BIRTHPLACE Wilson Co NC  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 1

MOTHER.  
 (14) NAME BEFORE MARRIAGE Ruby Welch  
 (15) PRESENT POSTOFFICE OF MOTHER White  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31 (Years)  
 (18) BIRTHPLACE N.C.  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 6:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Brackley  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife White

Given name added from a supplemental report

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

(27) Filed Oct 10 1922 (28) R. M. Daugherty 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.