

(1) PLACE OF BIRTH

County of Granville
 Township of Butter
 OF
 Inc. Town of
 OF
 City of (No. St.; Ward)

(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

17782

Registration District No. 2202Registered No. 32
(For use of Local Registrar)(2) Full Name of Child Ida May Thompson

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be covered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 15, 1925</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Elford Thompson</u>			(14) NAME BEFORE MARRIAGE <u>Lala Glenn</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gran S.C. Rt #5</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gran S.C. Rt #5</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 40 M.,
 on the date above stated. (Born alive or stillborn Hour M. or P. M.)

(23) (Signature) R. F. M. Brown M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Gran S.C. Rt #5

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed July 10, 1925

(28)

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.

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