

## (1) PLACE OF BIRTH

County of Newberry  
 Township of # 5  
 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

35754

Registration District No. 3409 Registered No. 36  
 (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 Lucile 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 3 (6) Are Parents Married yes (7) DATE OF BIRTH Oct 18 1922  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Robert Thompson  
 (9) PRESENT POSTOFFICE OF FATHER Newberry  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32 (Year)  
 (12) BIRTHPLACE Newberry  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Mattie  
 (15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Year)  
 (18) BIRTHPLACE Newberry S.C.  
 (19) OCCUPATION Farming  
 (20) Number of children of this mother now living, including present birth 13

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Margaret Burdon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness H. P. Miller

(When a witness necessary only when question 23 is signed by mark)

(27) Date Oct 24 1922(28) H. P. Miller Local Registrar

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 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 24th month of pregnancy.