

(1) PLACE OF BIRTH

County of Barnstable
 Township of Trich. Pond
 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

3144

Registration District No. 412 Registered No. 11
 (For use of Local Registrar)

(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 Charlie Thompson

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

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 2/16 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. H. Thompson
 (9) PRESENT POSTOFFICE OF FATHER Summito P.O.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY..... (Years)
 (12) BIRTHPLACE Summito Co
 (13) OCCUPATION Miner

MOTHER.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive..... St. 12 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. G. G. G.(24) State whether Physician or Midwife: Physician(25) Address of Physician or Midwife: Summito P.O.

Given name added from a supplemental report

(26) Witnesses

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

2/16 1922

(28)

J. C. G. G. 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.