

City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Rose Elizabeth Thompson (If child is not yet named, make supplemental report as directed)

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

FATHER:
(8) FULL NAME John Thompson
(9) PRESENT POSTOFFICE OF FATHER Mt Pleasant
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth Four

MOTHER:
(14) NAME BEFORE MARRIAGE Lucile Seabrook
(15) PRESENT POSTOFFICE OF MOTHER Mt Pleasant
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House Keeper
(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
(23) (Signature) Lacey Dingle
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mt Pleasant

Given name added from a supplemental report
(26) Witness (Signature of witness necessary only if not signed by mark)