

(1) PLACE OF BIRTH.

County of Lenoir
 Township of
 or
 Inc. Town of Leesville
 or
 City of

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

File No.—For State Registrar Only

19390

Registration District No.

Registered No.
(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 Francis 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 6. Are Parents Married? No 7. DATE OF BIRTH June 12, 1939
 (Place of Month) (Day) (Year)

FATHER.

8. FULL NAME Prosser Thompson
 9. PRESENT POSTOFFICE OF FATHER Leesville
 10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY (Years)
 12. BIRTHPLACE S.C.
 13. OCCUPATION Farm helper
 20. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Lady Kingfall
 15. PRESENT POSTOFFICE OF MOTHER Leesville S.C.
 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 14 (Years)
 18. BIRTHPLACE S.C.
 19. OCCUPATION Farm hand
 21. 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 at 3 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bethie King

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (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.

Registrar

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