

(1) PLACE OF BIRTH

County of AndersonTownship of Ware

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 313No. 2851Registered No. 7
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Virginia Thompson

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

(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of child eye (7) DATE OF BIRTH Feb. 22, 23
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Charles Thompson</u>	(14) NAME BEFORE MARRIAGE <u>Hattie Walker</u>	(18) PRESENT POSTOFFICE OF FATHER <u>Starr S.C. R#1</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Starr S.C. R#1</u>
(10) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>
(15) BIRTHPLACE <u>Anderson S.C.</u>	(15) BIRTHPLACE <u>Anderson S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.)(23) (Signature) H. D. Pruitt(24) State of South Carolina Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Mar. 15, 1923 (28) E. A. Elrod

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.