

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 M. C. McCaw, of Columbia.

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

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of 11
 or
 Inc. Town of 11
 or
 City of 11 (No. 332 W. Henry St.; 6 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
66148

Registration District No. 40-a Registered No. 336
 (For use of Local Registrar)

(2) Full Name of Child Charles Thompson If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy (4) Twin or Triplet? + (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6 14 6
In be answered only in case of twins or triplets. (None of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Richard Thompson</u>	(14) NAME BEFORE MARRIAGE <u>John Smith</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg S.C.</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>13</u> (Years)
(12) BIRTHPLACE <u>Spartanburg S.C.</u>	(18) BIRTHPLACE <u>Roanoke Co. Va.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, including present birth <u>one</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. D. Dexton
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg S.C.

affid

Given name added from a supplemental report
5/21/43 191...
M. B. Nordwara M.D. Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
July 1 1916 (27) Filed July 1 1916 (28) Gas Copes 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.

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