

Form No. 1

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Barnwell  
 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

24842

Registration District No. 501 Registered No. 29  
 (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 Lettie Louise Thompson (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH April 30 19 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Lennon Thompson

(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Barnwell S.C.

(13) OCCUPATION farmer

(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Lettie German

(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Barnwell S.C.

(19) OCCUPATION field hand

(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(22) (Signature) Flora Cornell

(23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Barnwell S.C.

Give name added from a supplemental report

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

(26) Filed June 24 19 22 (27) J. L. Kirkland 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.