

(1) PLACE OF BIRTH

County of GreenvilleTownship of Paris MountainInc. Town of
or

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 Ida Louise Thompson

File No. For State Registrar Only

64602

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2214Registered No. 18

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 18 1911</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Herman Thompson(9) PRESENT POSTOFFICE OF FATHER R.F.D #1 Travellers Rest, S.C.(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Greenville Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Henrietta Holloway(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Greenville Co. S.C.(19) OCCUPATION At Home(21) Number of children of this mother now living, including present birth { 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) John B. Hester
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
M.D. Travellers Rest, S.C.

Given name added from a supplemental report

(26) Witness John B. Hester
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 4, 1911 (28) John B. Hester
Registrar 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

Local Registrar

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