

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Centerville  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 313

File No.—For State Registrar Only

17517Registered No. 41  
(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 Thelma 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 1 6 Are Parents Married? yes 7 DATE OF BIRTH June 13, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME Will Thompson  
 9 PRESENT POSTOFFICE OF FATHER Anderson S.C. R#4  
 10 COLOR OR RACE Negro 11 AGE AT LAST BIRTHDAY 39  
 12 BIRTHPLACE Anderson B. S.C.  
 13 OCCUPATION Iron Worker

## MOTHER.

14 NAME BEFORE MARRIAGE Julia Thompson  
 15 PRESENT POSTOFFICE OF MOTHER Anderson S.C. R#4  
 16 COLOR OR RACE Negro 17 AGE AT LAST BIRTHDAY 27  
 18 BIRTHPLACE Anderson B. S.C.  
 19 OCCUPATION Domestic

20 Number of children born to mother, including present birth 521 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:45 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) A. R. Pruitt(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by a physician)F. B. ORAYTON

(27) Filed ..... 19 .....

(28) ANDERSON S.C.  
State 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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