

## (1) PLACE OF BIRTH

County of Aiken  
 Township of Rocky Gwinn  
 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

17349

Registration District No. 209 Registered No. 28  
 (For use of Local Registrar)

City of..... (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 Hurtisine 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 8 (6) Are Parents Married? yes (7) DATE OF BIRTH June 8 1922  
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jacob Oscar Thompson

(9) PRESENT POSTOFFICE OF FATHER Springfield, S.C. R. 7 D.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 42  
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Lessie B. Felder

(15) PRESENT POSTOFFICE OF MOTHER Springfield, S.C. R. 7 D.

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 32  
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza X. Felder

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Springfield R. 7 D.

Given name added from a supplemental report

(26) Witness Chas. X. Sallee  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 17 1922 (28) Chas. X. Sallee  
 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.