

COPIES NO. 1
 MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. 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.

McGraw, of Columbia.

(1) PLACE OF BIRTH
 County of Greenville STATE OF SOUTH CAROLINA.
 Township of Austin Bureau of Vital Statistics
 or Inc. Town of State Board of Health
 or Registration District No. 1200 Registered No. 97
 City of (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 Horace Thompson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Induced with medical help</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr. 12</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Robert Thompson</u>			(9) NAME BEFORE MARRIAGE <u>Wesley H. Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Simpsonville</u>			(10) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville</u>	
(11) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(13) COLOR OR RACE <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(15) BIRTHPLACE <u>S.C.</u>
(16) OCCUPATION <u>Farmer</u>			(17) OCCUPATION <u>Hawking</u>	
(18) Number of children born to mother, including present birth { <u>4</u>			(19) Number of children of this mother now living, including present birth { <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Simpsonville on the date above stated.

(23) (Signature) L. P. Richardson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

GIVEN NAME added from a supplementary report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mother)
Wesley H. Brown Local Registrar

*When there was no attending physician or midwife, the father, father-in-law, 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 first month of pregnancy.

File No.—For this Registry
56030