

(1) PLACE OF BIRTH

County of: Mecklenburg
 Township of: DeKalb
 or
 Inc. Town of: 1
 or
 City of: 1

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

1872

Registration District No. 2-10 Registered No. 11
 (For use of Local Registrar)

(2) Full Name of Child Rose Thompson (If child is not yet named, make supplemental report as directed)
 (12) Birth occurs in a hospital or other institution, give name of same instead of street and number

(3) SEX OF CHILD: Female (4) Time of Birth: 11:15 (5) Month and order of birth: 1st (6) Age of Parent: 24 (7) DATE OF BIRTH: June 15 1911
 To be answered only in case of Twin or Triplet (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

FATHER

(8) FULL NAME: Walter Thompson(9) PRESENT POSTOFFICE OF FATHER: Canaan(10) COLOR OR RACE: Col (11) AGE AT LAST BIRTHDAY: 21 (Year)(12) BIRTHPLACE: Mo(13) OCCUPATION: Farmer

MOTHER

(14) NAME BEFORE MARRIAGE: Irue Thompson(15) PRESENT POSTOFFICE OF MOTHER: Canaan(16) COLOR OR RACE: Col (17) AGE AT LAST BIRTHDAY: 19 (Year)(18) BIRTHPLACE: Mo(19) OCCUPATION: Housewife(20) Number of children born to mother, including present birth: 2 (21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Margaret Innesdale(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Canaan

(26) Give name and address of supplier of report

(27) Witness

(28) (Signature of Witness necessary only when question 23 is signed by mother)

(29) Filed June 15 1911 (30) Local Registrar

When a person is not a physician or midwife, then the father, householder, etc. should make this return. If a child is stillborn, even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.