

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

15345

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

St.;

Ward)

Birth occurs in a hospital or other institution, give name of same (instead of street and number.)

(2) Full Name of Child

Lemon Christen Thompson

child is not yet named, make supplemental report as directed

1 BOY OR GIRL

By

2 Twin or Triplet?

(3) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

May 15 1922

To be answered only in event of Twins or Triplets

(Names of Month) (Day) (Year)

FATHER

3 FULL NAME

E. N. Thompkins

5 PRESENT POSTOFFICE OF FATHER

Lakon, N.C. 12

10 COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

4 1/2 (Years)

12 BIRTHPLACE

Horry Co. S.C.

13 OCCUPATION

Farmer

20 Number of children born to mother, including present birth

1 8

MOTHER

(14) NAME BEFORE MARRIAGE

Genge Ellen Powell

(15) PRESENT POSTOFFICE OF MOTHER

Lakon, N.C. 12

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

4 1/2 (Years)

(18) BIRTHPLACE

Horry Co. S.C.

(19) OCCUPATION

Housewife

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

1 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 A.M., on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signatures of Witness necessary only when question 23 is signed)

(27) Filed May 16 1922

(28) 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.

MARGIN RESERVED FOR BINDING.  
 WRITED PLAINLY, WITH UNFADING INK—PILLS, A PERMANENT RECORD  
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE FILE FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3  
 MORGAN & COLUMBIA, COLUMBIA, S. C.