

(1) PLACE OF BIRTH

County of FranklinTownship of 15or Inc. Town of Marquetteor City of S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 28239Registration District No. 15 Registered No. 38
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL B

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth 5(6) Are Parents Married Y(7) DATE OF BIRTH Mar 21 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME E. Lee Thompson(9) PRESENT POSTOFFICE OF FATHER Danville(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE Id(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Cyde Steadman(16) PRESENT POSTOFFICE OF MOTHER Danville(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 30
(Year)(19) BIRTHPLACE Id(20) OCCUPATION wif.(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) H. N. Hall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Marquette

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) FILED Mar 27 1923 (28) C. J. Roth 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.