

(1) PLACE OF BIRTH

County of Cherokee

Township of

or

Inc. Town of Blacksburg

or

City of

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

(2) Full Name of Child James Thompson(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth
To be answered only in event of Twin or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cofford Thompson(9) PRESENT POSTOFFICE OF FATHER Blacksburg(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE S. Car(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Manan(15) PRESENT POSTOFFICE OF MOTHER Blacksburg(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE S. Car(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Clara Chene(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Blacksburg

Given name added from a supplemental report

(26) Witness Geo. A. Roberts

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

(27) Filed 1-10-22(28) Geo. A. Roberts
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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

41464

Registration District No. 1000 a Registered No. 117
(For use of Local Registrar)