

## (1) PLACE OF BIRTH

County of Carendon  
 Township of Harmony  
 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

29680

Registration District No. 1306 Registered No. 18  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Anne Margarete Thompson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 22, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Keith M. Thompson(9) PRESENT POSTOFFICE OF FATHER Alcolu R.I. S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37  
 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Morris(15) PRESENT POSTOFFICE OF MOTHER Alcolu, R.I. S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37  
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:00 A.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Tom Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness K. M. Thompson  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct. 4, 1922 (28) R. E. Thompson  
 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.