

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Greenville, S.C.
Township of Greenville
or
Inc. Town of Greenville
or
City of Greenville, 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

File No.—For State Registrar Only
4276

Registration District No. 33A Registered No. 79
(For use of Local Registrar)
4th St.; 4th Ward

(2) Full Name of Child Not given (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>GIRL</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth <u>25</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>2/16/22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Hass B. Thompson</u>	(14) NAME BEFORE MARRIAGE <u>Eliza Floyd</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Year)
(12) BIRTHPLACE <u>Greenville Co, S.C.</u>	(18) BIRTHPLACE <u>Spartanburg, S.C.</u>	(13) OCCUPATION <u>Clerk</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.... Alive.....at 5:45..M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P.M.)

(23) (Signature) Alma S. Pack
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report
(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
Feb 20 1927
(27) Filed 1927 (28) Ch. Smith 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.

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