

(1) PLACE OF BIRTH

County of PolkTownship of Warren

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

29796

Registration District No. 1410Registered No. 71
(For use of Local Registrar)

(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 Hattie Lott Thompson (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL G

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept 6 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 2 1/2 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Harrie Smith(15) PRESENT POSTOFFICE OF MOTHER Smoots, S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 2 1/2 (Years)(18) BIRTHPLACE Smoots(19) OCCUPATION housekeeper & manager(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. W. Hodges

(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)

(27) Filed Oct 5 1922(28) Mattie H. Hisey 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.