

(1) PLACE OF BIRTH

County of CalhounTownship of Dyers

or

Inc. Town of

or

City of

(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

48957

Registration District No. 802Registered No. 18

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 29</u> <u>1906</u>
Is he numbered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Thompson(9) PRESENT POSTOFFICE OF FATHER Cameron(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Calhoun County(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Liza Fogle(15) PRESENT POSTOFFICE OF MOTHER Cameron(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Calhoun County(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth { 2 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 7:30 p.m. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rosa G. Givard

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Cameron S.C.

Given name added from a supplemental report

(26) Witness Mrs. Keller (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar 4 1906 (28) W. S. Keller 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.

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark—this
 McCaw of Columbia