

Form No. 2
 PLACE OF BIRTH

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Register Only
3850

County of Florence
 Township of Jefferson
 or
 In Town of _____
 or
 City of _____

Registration District No. 20-2 Registered No. 6
 (For use of Local Registrar)
 (No. _____ St. _____ Ward _____)

(1) Full Name of Child

(a) Sex of Child Boy (b) Twin or Triplet Single (c) Number in order of birth 1
 To be answered only in case of Twin or Triplet
 (d) Date of Birth May 5, 1933
 (Month of Month) (Day) (Year)

FATHER
 (1) Full Name Lawrence H. Thompson
 (2) Present Postoffice of Father Florence S.C.
 (3) Color or Race Black (4) Age at Last Birthday 41
 (5) Occupation Farmer
 (6) Number of children born to father, including present birth 4

MOTHER
 (14) Name before Marriage Georgia Thompson
 (15) Present Postoffice of Mother Florence S.C.
 (16) Color or Race Black (17) Age at Last Birthday 40
 (18) Occupation Farmer
 (19) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) Wm. McKinnon
 (22) State whether _____ (23) Signature of Physician or Midwife Wm. McKinnon

Give name added from a subsequent report

Wm. McKinnon

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

(25) Date May 5, 1933 (26) Signature of Local Registrar John L. Davis

When there was no attending physician or midwife, the father, householder, etc., should make this report as reported on children. No report is desired of stillbirths with month of pregnancy.