

(1) PLACE OF BIRTH

County of *Greenville*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

64468

Township of *Piedmont*

or
Inc. Town of *Piedmont*

Registration District No. *29C*

Registered No. *Hu*

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. *James Harrell Thompson* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *June 15 1916*
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME *Coar R Thompson*

MOTHER. (14) NAME BEFORE MARRIAGE *Hannie May Taylor*

(9) PRESENT POSTOFFICE OF FATHER *Piedmont*

(15) PRESENT POSTOFFICE OF MOTHER *Piedmont SC*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *19* (Years)

(12) BIRTHPLACE *S.C.*

(18) BIRTHPLACE *S.C.*

(13) OCCUPATION *Mill Operative*

(19) OCCUPATION *Domestic*

(20) Number of children born to mother, including present birth *2*

(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 alive* at *11:30* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. G. Moberg*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Piedmont SC*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *July 3 1916* (28) *J. P. Mulligan* 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.

Registrar (27) Filed *July 3 1916* (28) *J. P. Mulligan* Local Registrar

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. W. McCaw, of Columbia. N. B. McCaw, of