

Form No 1.

(1) PLACE OF BIRTH

County of Greenville
Township of Hughland
or
Inc. Town of
or
City of

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

Filed No. 7330 For State Registrar Only

Registration District No. 221 Registered No. 22
(For use of Local Registrar)
St. 22 Ward 2

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Claud. Please. Thompson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 1 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Claud. Thompson
(9) PRESENT POSTOFFICE OF FATHER Lowell's Rest #42
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mildred Robertson
(15) PRESENT POSTOFFICE OF MOTHER Lowell's Rest
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Lindsay
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S. C.

Given name added from a supplemental report

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

(27) Filed 9.5 1912 (28) J. A. Lindsay 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.

MARGIN RESERVED FOR BINDING.
WRITE 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.
McClaw, of Columbia.