

(1) PLACE OF BIRTH

County of *Horry*Township of *Lee*

In Town of

City of

If born in a hospital or other institution, give name of same instead of street and number.

Full Name of Child *Mrs Lucile Thigpen*

If child is not yet named, make supplemental report as directed

Twin or Triplet? *No*Number in order of birth *1*Are Parents Married? *Yes*DATE OF BIRTH *Jan 13 20*

NAME OF MONTH (Day) (Year)

FATHER

NAME *W. H. Thigpen*PRESENT POSTOFFICE OF MOTHER *W. H. Thigpen*COLOR OR RACE *White*AGE AT LAST BIRTHDAY *31*BIRTHPLACE *NC*OCCUPATION *Housewife*Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *12:30 P.M.* on the date above stated.(23) (Signature) *L. M. Thigpen*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *W. H. Thigpen 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 *2-4-20* (28) 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.

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18613

Registration District No. *2008* Registered No. *27*
(For use of Local Registrar)

(No. St.; Ward)

If child is not yet named, make supplemental report as directed

Twin or Triplet? *No*Number in order of birth *1*Are Parents Married? *Yes*DATE OF BIRTH *Jan 13 20*

NAME OF MONTH (Day) (Year)

FATHER

NAME *W. H. Thigpen*PRESENT POSTOFFICE OF MOTHER *W. H. Thigpen*COLOR OR RACE *White*AGE AT LAST BIRTHDAY *31*BIRTHPLACE *NC*OCCUPATION *Housewife*Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive* at *12:30 P.M.* on the date above stated.(23) (Signature) *L. M. Thigpen*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *W. H. Thigpen 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 *2-4-20* (28) 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.

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.