

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only.

74738

Registration District No. 4007a Registered No. 218
(For use of Local Registrar)

St.; Ward)
(No. instead of street and number.)

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

Name of Child,

(6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 4, 1916
(Name of Month) (Day) (Year)

(4) Twin or Triplet? X (5) Number in order of birth 6
(To be answered only in event of twins or triplets)

FATHER. Thompson, Hal (14) NAME BEFORE MARRIAGE Lillie Elus.

PRESENT OFFICE OF FATHER Chesnee, S.C. (15) PRESENT POSTOFFICE OF MOTHER Chesnee, S.C.

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (17) AGE AT LAST BIRTHDAY 26
(Years) (Years)

BIRTHPLACE North Car. (18) BIRTHPLACE

OCCUPATION House work. (19) OCCUPATION

Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10:30
(Born alive or stillborn) (Hour) (A. M. or P. M.)

on the date above stated.

(23) (Signature) J. B. Carroll (25) Address of Physician or Midwife Chesnee, S.C.

(24) State whether Physician or Midwife

Name added from a supplemental report

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

(27) Filed Aug 4, 1916 (28) J. B. Carroll Local Registrar

Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If the child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.