

(1) PLACE OF BIRTH

County of SaludaTownship of HighInc. Town of HighCity of High

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3901

File No. — For State Registrar Only

12621Registered No. 114
(For use of Local Registrar)

(2) Full Name of Child

Margaret Thompson If child is not yet named, make supplemental report as directed3 BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L. C. Thompson(9) PRESENT POSTOFFICE OF FATHER Monetta, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE Saluda Co., S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie T. Collins(15) PRESENT POSTOFFICE OF MOTHER Monetta, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE Saluda Co., S.C.(19) OCCUPATION Housewife(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 Ronaldine at 2:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ronaldine

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife High

Name added from a supplemental report

(26) Witness

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

(27) Filed Jan 1 19 24 Mrs J. S. Crouch Local Registrar

When there was no attending physician or midwife, 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.

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