

(1) PLACE OF BIRTH

County of AndersonTownship of Anderson

Inc. Town of.....

City of Anderson

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

(2) Full Name of Child

Angie M. Thompson

3. BOY OR GIRL?

Girl

4. Twin or Triplet?

—

5. Number in order of birth

—

6. Are Parents Married?

yes

7. DATE OF BIRTH

June 12, 1927

FATHER.

8. FULL NAME

W. H. Riple

9. PRESENT POSTOFFICE OF FATHER

Anderson R.F.D.

10. COLOR OR RACE

W.

11. AGE AT LAST BIRTHDAY

32

12. BIRTHPLACE

Anderson Co.

13. OCCUPATION

Farmer

MOTHER.

14. NAME BEFORE MARRIAGE

Theresa Thompson

15. PRESENT POSTOFFICE OF MOTHER

Anderson R.F.D.

16. COLOR OR RACE

W.

17. AGE AT LAST BIRTHDAY

25

18. BIRTHPLACE

Anderson Co.

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 11:00 A.M. on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)

(23) (Signature)

Anne Aronson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

F. B. CRAYTON, S.C. ANDERSON, S.C.

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.

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20798Registration District No. 3ARegistered No. 222

(For use of Local Registrar)

(No. Anderson Co. Hospital Ward)

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