

RECORD OF BIRTHS, DEATHS, AND MARRIAGES—THIS IS A PERMANENT RECORD.  
 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.

(1) PLACE OF BIRTH County of <u>Lancaster</u> Township of <u>Cedar Creek</u> OF Inc. Town of ..... OF City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">43150</div>	
		Registration District No. <u>2802</u>		Registered No. <u>559</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Louise Thompson</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	
<u>girl</u>			<u>yes</u>	<u>Dec 25-22</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Selvin Thompson</u>			(14) NAME BEFORE MARRIAGE <u>Lucinda Peay</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Heath Spring # 3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Heath Spring</u>		
(10) COLOR OR RACE <u>Col</u>			(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(18) COLOR OR RACE <u>Col</u>		
(12) BIRTHPLACE <u>Lancaster co</u>			(19) BIRTHPLACE <u>Lancaster co</u>		
(13) OCCUPATION <u>Farming</u>			(20) OCCUPATION <u>Farmwork</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>3 A.</u> M., on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>Laura Peay</u>		(24) State whether Physician or Midwife <u>Midwife</u>			
(25) Address of Physician or Midwife <u>Heath Spring # 3</u>					
Given name added from a supplemental report _____ _____ _____		(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Dec 25-22</u> (28) <u>Jas. H. Canthen</u> 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.