

(1) PLACE OF BIRTH

County of *Lancaster*...Township of *Flat Creek*or
Inc. Town ofor
City of(No. St. Ward)
(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 Health

File No.—For State Registrar Only

435.1

Registration District No. *2803* Registered No. *16*
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <i>Jan 22 1923</i>
FATHER.			MOTHER.	
(8) FULL NAME <i>W. J. Thompson</i>			(14) NAME BEFORE MARRIAGE <i>John Thompson</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>North Charleston</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>North Charleston</i>	
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>	
(11) AGE AT LAST BIRTHDAY (Years) <i>35</i>			(17) AGE AT LAST BIRTHDAY (Years) <i>30</i>	
(12) BIRTHPLACE <i>North Charleston</i>			(18) BIRTHPLACE <i>North Charleston</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Farmer</i>	
(20) Number of children born to mother, including present birth <i>1</i>			(21) Number of children of this mother now living, including present birth <i>1</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. J. Thompson*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
W. J. Thompson *North Charleston*Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 22 is signed by mark)*John Thompson* (27) *John Thompson*
Local Registrar.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breathing was born, it should 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.
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before the fifth month of pregnancy.

FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 2

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.