(1) PLACE OF BIRTH

County of Mecklenburg

Township of [illegible]

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
22848

Registration District No. 4301 Registered No. 74
(For use of Local Registrar)

(No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ellen Thompson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 3 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jack Thompson

(9) PRESENT POSTOFFICE OF FATHER Charlotte N.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Day laborer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Madline Hussey

(15) PRESENT POSTOFFICE OF MOTHER Charlotte N.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION Cooking

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lee Hannah

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Hermanna N.C.

Given name added from a supplemental report
.....
..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 7 1923 (28) G. A. Blackwell
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.