

## (1) PLACE OF BIRTH

County of EXINGTON  
 Township of BULL SWAMP  
 or Jwausen  
 Inc. Town of .....  
 or .....  
 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  
**39238**

Registration District No. 310 Registered No. 117  
 (For use of Local Registrar)

(2) Full Name of Child Mame 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 1 (6) Are Parents Married? No (7) DATE OF BIRTH Nov 13 19 27  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Glover  
 (9) PRESENT POSTOFFICE OF FATHER Jwausen  
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 21 (Years)  
 (12) BIRTHPLACE Livingston Co  
 (13) OCCUPATION Laborn

## MOTHER.

(14) NAME BEFORE MARRIAGE Lessie Thompson  
 (15) PRESENT POSTOFFICE OF MOTHER Jwausen  
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 18 (Years)  
 (18) BIRTHPLACE Livingston Co  
 (19) OCCUPATION Laborn

(20) Number of children born to mother, including present birth 1 (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 born at 79 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thysa J. Jones

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jwausen

Given name added from a supplemental report

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

(27) Filed Nov 18 19 27 (28) J. R. Sanford 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.

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