

(1) PLACE OF BIRTH

County *Dickland*

Township of

Inc. Town of

City of *Columbia S.C.*

(If birth occurs in a hospital or other institution, give name of same)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2371

Registration District No. *280*Registered No. *1005*

(For use of Local Registrar)

St. Ward)

(Instead of street and number.)

2) Full Name of Child *Hale R. Thompson Jr.*

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

(3) BOY OR GIRL *Boy*(4) Twin or Triplet? *Yes*(5) Number in order of birth *First*(6) Are Parents Married? *Yes*(7) DATE *Nov. 20*

BIRTH (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Hale R. Thompson*(9) PRESENT POSTOFFICE OF FATHER *Columbia S.C.*(10) COLOR OR RACE *negro*(11) AGE AT LAST BIRTHDAY *27* (Years)(12) BIRTHPLACE *Georgetown S.C.*(13) OCCUPATION *Teacher*(14) Number of children born to mother, including present birth *one*

MOTHER

(14) NAME BEFORE MARRIAGE *Margaret E. Kennedy*(15) PRESENT POSTOFFICE OF MOTHER *Columbia S.C.*(16) COLOR OR RACE *negro*(17) AGE AT LAST BIRTHDAY *26* (Years)(18) BIRTHPLACE *Lexington Co. S.C.*(19) OCCUPATION *House wife*(20) Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *6 P.M.* on the date above stated. (Born alive or stillborn.) (Hour, A.M. or P.M.)(23) (Signature) *C. D. Peterson, M.D.*

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

Given name added from a supplemental report

191...

Registrar

(26) Witness

(Signature of witness necessary when question...

(27) Filed *1-11-1927*

(28)

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.

*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.