

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. This Official, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Berkeley</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		41060	
Township of <u>St John</u>		Registration District No. <u>702</u>		Registered No. <u>75</u> (For use of Local Registrar)	
Inc. Town of.....		(No. St. Ward ..)			
City of		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Luciel Thompson</u>				If child is not yet named, make supplemental report as directed	
(3) SEX OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 9 1911</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>St Julian Thompson</u>			(14) NAME BEFORE MARRIAGE <u>Elizabeth Crawford</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Bonneau SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bonneau SC</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)		
(12) BIRTHPLACE <u>Berkeley co SC</u>			(18) BIRTHPLACE <u>Berkeley co SC</u>		
(13) OCCUPATION <u>Farmhouse</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary L. Snipe</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>Bonneau SC</u>					
Given name added from a supplemental report			(26) Witness <u>Julian Thompson</u> (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Filed <u>4/15/11</u> 1911 (28) <u>R. J. Lincoln</u> Local Registrar		

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.