

(1) PLACE OF BIRTH

County

Township

Greenville  
Greenville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

90093

Inc. Town of

Registration District No.

Registered No.

(For Use of Local Registrar)

City of

(If birth occurs in a hospital or other institution, the name of same instead of street and number.)

2209  
23 Bennett St. Greenville S.C.  
575

(2) Full Name of Child

Emma Sue Thompson

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

(3) BOY OR GIRL?

F

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Eyes Marked

(7) DATE OF BIRTH

Dec 8, 1906  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Franklin Thompson

(14) NAME BEFORE MARRIAGE

MOTHER.

Emma Forman

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

64  
(Years)

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

42  
(Years)

(12) BIRTHPLACE

Greenville Co. S.C.

(18) BIRTHPLACE

Greenville Co. S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

House Wk

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

10

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

M. M. Burnett

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife  
Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 10 6 1906

(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.

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FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 2.

McCraw