

(1) PLACE OF BIRTH

County of Shartanburg Co.Township of 11

or

Inc. Town of Saxon Mill

or

City of Smrythe

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5813

Registration District No. 4605Registered No. 36

(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

one

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan. 25, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Clarence B. Thompson

(9) PRESENT POSTOFFICE OF FATHER

Saxon Mill

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Cherokee Co. S.C.

(13) OCCUPATION

bottom mill operator

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

two

MOTHER.

(14) NAME BEFORE MARRIAGE

Lallie Townsend

(15) PRESENT POSTOFFICE OF MOTHER

Saxon Mill S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Lock Co. Tenn

(19) OCCUPATION

house wife

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

two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. E. M. Chowell

(24) State whether Physician or Midwife

Address of Physician or Midwife

Shartanburg S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb. 20, 1922(28) C. H. Parker 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.

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.

MARGIN RESERVED FOR FINDING. WITH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH. FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 3. MEDICAL OF COLUMBIA, COLUMBIA, S. C.