

(1) PLACE OF BIRTH

County of Leise
 Township of of Shaw
 or
 Inc. Town of
 City of Charleston S.C.
 (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

2665

Registration District No. 4203Registered No. 2
(For use of Local Registrar)(2) Full Name of Child John Harry Thompson

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

(3) BOY OR GIRL boy (4) Twin or Triplet? no (5) Number in order of birth first (6) Are Parents Married? yes (7) DATE OF BIRTH June 22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Harry Thompson
 (9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY unknown (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming

MOTHER

(14) NAME BEFORE MARRIAGE Betsy Thompson
 (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY unknown (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION work on farm
 (20) Number of children born to mother, including present birth 1 unknown
 (21) Number of children of this mother now living, including present birth 1 unknown

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Betsy Thompson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

P. H. Peter
Jan 22 19 22
 Registrar

(26) Witness Harry Thompson
 (Signature of Witness necessary only when question 12 is signed by mark)

(27) Filed Jan 22 19 22 (28) P. H. Peter
 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.

MADE BY THE BUREAU OF VITAL STATISTICS FOR BONDING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 BEGAN IN COLUMBIA, COLLEGE, S. C.