

## (1) PLACE OF BIRTH

County of Greenville  
Township of Morris

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No. 33880 For State Registrar OnlyInc. Town of ..... Registration District No. 2012 Registered No. 89  
(For use of Local Registrar)  
City of ..... (No. .... St. .... Ward ....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Cherin Hardrup Thompson If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) ~~Ever~~ Married? ..... (7) DATE OF BIRTH Sept. 12, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Thompson(9) PRESENT POSTOFFICE OF FATHER Sake City, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Charleston Co., S.C.(13) OCCUPATION Farmer(16) Number of children born to mother, including present birth 1-6

## MOTHER.

(14) NAME BEFORE MARRIAGE Maude E. Carter(15) PRESENT POSTOFFICE OF MOTHER Sake City, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Charleston Co., S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour 4 P.M.)(23) (Signature) S. C. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife Wanta, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 12/15/1923 (28) C. S. Hedley 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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