

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
City of Our Cotton Mill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3A

File No. — For State Registrar Only

37082Registered No. 487
(For use of Local Registrar)

(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 Walter Thompson

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

(3) BOY OR GIRL? <u>Boi</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 10, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(4) FULL NAME Marrison Thompson(5) PRESENT POSTOFFICE OF FATHER Our Cotton Mill(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Georgia(13) OCCUPATION Cotton Milling(14) Number of children born to mother, including present birth 13 There

MOTHER.

(14) NAME BEFORE MARRIAGE Matthe Young(15) PRESENT POSTOFFICE OF MOTHER Our Cotton Mill(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Ga(19) OCCUPATION Cotton Milling(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(2) I hereby certify that I attended the birth of this child, who was Rom. Dion P. L.P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) George E. Ellis(24) State whether Physician or Midwife (25) Address of Physician or Midwife Agon Row

Given name added from a supplemental report

(26) Signature of Witness necessary only when question 23 is signed by F. B. CRAYTON(27) Filed (28) Local Registrar. ANDERSON, S. C.

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 25th month of pregnancy.