

1st PLACE OF BIRTHCounty of LancasterTownship of Hunter

Imm. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19259

Registration District No. 2902 Registered No. 69(For use of Local Registrar)
City of (No. 3 R7D)
If birth occurs in a hospital or other institution, give name of same instead of street and number. St.; Ward;2nd Full Name of Child Johnnie Thompson { If child is not yet named, make supplemental report as directed3rd SEX Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 23, 1922
(Name of Month) (Day) (Year)

FATHER.

4th FULL NAME Jimmie Thompson5th PRESENT POSTOFFICE OF FATHER Clinton SC6th COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 33 (Years)7th BIRTHPLACE S.C.8th OCCUPATION Farmer, Cropper9th Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hellen Glenn(15) PRESENT POSTOFFICE OF MOTHER Clinton SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE SC(19) OCCUPATION farm work(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born alive 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Willie X. Glenn(24) State whether Physician or Midwife (25) Address of Physician or Midwife Clinton SC

Given name added from a supplemental report

(26) Witness Jessie X. Glenn
(Signature of Witness necessary only when question 23 is signed by mark)(27) Date July 3, 1922 (28) J. L. W. Bailey 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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