

(1) PLACE OF BIRTH

County of DurhamTownship of George

Inc. Town of

City of

(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

46064

Registration District No. 1701 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child Baby Thompson

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

(3) BOY OR GIRL? ☐ (4) Twin or Triplet? ☒ (5) Number in order of birth first (6) Are Parents Married? ☒ (7) DATE OF BIRTH Jan 22 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Thompson(9) PRESENT POSTOFFICE OF FATHER St George 2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE St George 2(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 first

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Pearl Walters(15) PRESENT POSTOFFICE OF MOTHER St George 2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE St George(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:40 A.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Dr. W. B. Whitaker

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(27) Filed Jan 30 1914 (28) C. L. Appleby Local Registrar

If the attending physician or midwife, then the father, householder, etc., should make this return. If the child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.