

## (1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

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

No. 11.—For State Registrar Only

637

Registration District No. 000A Registered No. 4  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) SEX OF CHILD <b>Boy</b>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <b>YES</b>	(7) DATE OF BIRTH <b>Jan. 3, 1922</b> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <b>William Tompson</b>			(14) NAME BEFORE MARRIAGE <b>Lizzie Gaston</b>	
(9) PRESENT POSTOFFICE OF FATHER <b>Star</b> <b>Blacksburg, S.C. Route.</b>			(15) PRESENT POSTOFFICE OF MOTHER <b>Star</b> <b>Blacksburg, S.C. Route.</b>	
(10) COLOR OR RACE <b>Black</b>	(11) AGE AT LAST BIRTHDAY <b>28</b> (Year)	(16) COLOR OR RACE <b>Black</b>	(17) AGE AT LAST BIRTHDAY <b>29</b> (Year)	
(12) BIRTHPLACE <b>Chester Co., S.C.</b>			(18) BIRTHPLACE <b>Chester Co., S.C.</b>	
(13) OCCUPATION <b>Farmer</b>			(19) OCCUPATION <b>Housewife</b>	
(20) Number of children born to mother, including present birth <b>(Six (6)).</b>			(21) Number of children of this mother now living, including present birth <b>(Six (6)).</b>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born alive** at **5:10 A.M.**  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. F. Little

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

**Physician****Blacksburg, S.C.**

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 7.1.10.1922 (28) J. A. D. Roberts  
Registrar 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.