

(1) PLACE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar
75244

County of York
Township of Catawba

or
Inc. Town of Registration District No. 4404 Registered No. 127
or
City of (No. St.;
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Theresa Thompson { If child is not yet named, a supplemental report as directed.

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 20
To be answered only in event of Twins or Triplets (Name of Month) (Day)

FATHER.
(8) FULL NAME John Thompson
(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
(12) BIRTHPLACE S.C. (Years)
(13) OCCUPATION Form School
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Maggie B
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 2
(18) BIRTHPLACE S.C. (Years)
(19) OCCUPATION Housewife
(21) 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 at
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report
....., 191.....
..... Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 9/8/16 (28) [Signature] Local Registrar

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.