

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. H.—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.

(1) PLACE OF BIRTH

County of Lancaster  
Township of Lancaster  
or  
Inc. Town of Lancaster  
or  
City of Lancaster

CERTIFICATE OF BIRTH

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

File No.—For State Registrar

15405

Registration District No. 28A

Registered No. 2  
(For use of Local Registrar)

(2) Full Name of Child

Alice Lee Thompson

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH May 9 1922  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Barnett Thompson

(9) PRESENT POSTOFFICE OF FATHER

Lancaster

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

24  
(Year)

(12) BIRTHPLACE

Lancaster

(13) OCCUPATION

Cotton Milling

(20) Number of children born to mother, including present birth

(14) four

MOTHER

(14) NAME BEFORE MARRIAGE

Hattie Mc Ilwain

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

22  
(Year)

(18) BIRTHPLACE

Lancaster Cotton Village

(19) OCCUPATION

House Keeping

(21) Number of children of this mother now living, including present birth

(14) four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 8 light color at 8 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Martha Mc Kenney

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

Barnett Thompson

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

(27) Filed

May 12 22

(28)

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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