

(1) PLACE OF BIRTH

County of York
 Township of Grand River
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar
38053

Registration District No. 402

Registered No. 23
 (For use of Local Registrar)

(If birth occurs in a hospital) other institution name of same instead of street and number.)

(2) Full Name of Child Indira Thompson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Type or Triplet 4 (5) Number in order of birth 4 (6) Age you (7) DATE OF BIRTH Nov. 3 23
 To be covered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Thompson

(9) PRESENT POSTOFFICE OF FATHER Kings Mountain

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 27 (Year)

(12) BIRTHPLACE York Co. S.C.

(13) OCCUPATION Construction Hand.

(14) Number of children born to mother, including present birth 4

MOTHER.

(15) NAME BEFORE MARRIAGE Lillie Robinson

(16) PRESENT POSTOFFICE OF MOTHER Hickory Grove, S.C.

(17) COLOR OR RACE Col. (18) AGE AT LAST BIRTHDAY 26 (Year)

(19) BIRTHPLACE York Co. S.C.

(20) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Betsy Morgan

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Hickory Grove, S.C.

Given name added from a supplemental report

L. Taylor

Feb. 2 1923

Registrar

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

(27) Filed Dec. 8 1923 (28) S. N. Wilkerson 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.