

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

24655

Registration District No. 3D

Registered No. 109

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child

Rubie Elizabeth

(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

(6) Are Parents Married?

(7) DATE OF BIRTH

Girl

-

7

yes

June 24, 1922

FATHER.

(8) FULL NAME

L. H. Thompson

(9) PRESENT POSTOFFICE OF FATHER

Plyer RFD

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34 (Years)

(12) BIRTHPLACE

Anderson County

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Rubie Holliday

(15) PRESENT POSTOFFICE OF MOTHER

Plyer RFD

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29 (Years)

(18) BIRTHPLACE

Anderson County

(19) OCCUPATION

Domestic

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

All

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 10 A.M., on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 5, 1922

(28)

Local Registrar.

If 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.