

(1) PLACE OF BIRTH

County of Lancaster
 Township of Byford
 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

30904

Registration District No. 2800Registered No. 66
(For use of Local Registrar)

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

(2) Full Name of Child Ailee Thompson

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

(1) BOY OR GIRL girl (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? No (5) DATE OF BIRTH Sept 12, 22
 (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME
 (7) PRESENT POSTOFFICE OF FATHER
 (8) COLOR OR RACE Caucasian (9) AGE AT LAST BIRTHDAY.....
 (10) BIRTHPLACE
 (11) OCCUPATION
 (12) Number of children born to mother, including present birth 1

MOTHER.

(13) NAME BEFORE MARRIAGE Bessie Thompson
 (14) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.
 (15) COLOR OR RACE Caucasian (16) AGE AT LAST BIRTHDAY.....
 (17) BIRTHPLACE S.C.
 (18) OCCUPATION Farmer
 (19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Henretta Frazer
 (22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife Lancaster, S.C.

Given name added from a supplemental report

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

(25) Filed Oct 9, 22 (26) A. M. Hinson
 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.