

(1) PLACE OF BIRTH

County of GreenvilleTownship of Spring Co.or Inc. Town of Spring Co.or City of Spring Co.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4398

Registration District No. 2023, Registered No. 57

(For use of Local Registrar)

(No. 301 Burdett, St.; Ward)(2) Full Name of Child Lloyd Thompson

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan-18-22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Barney H. Thompson

(9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE W.

(11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Ala.

(13) OCCUPATION Mill work.

(20) Number of children born to mother, including present birth 1-3

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Hendley

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE W.

(17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE Ala.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1-3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alma at 1400 M.
on the date above stated. (Born alive or stillborn: (Hour, M. or P. M.)

(23) (Signature) A. Eugene Brown

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Jan 1 1922 (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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MADE IN THE UNITED STATES OF AMERICA. THIS IS A PERMANENT RECORD. WHEN FILING THIS IN A PERMANENT RECORD, IN ADDITION TO THIS, A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, COLUMBIA, S. C.