

(1) PLACE OF BIRTH
 County of Lenoir
 Township of Lenoir
 Inc. Town of

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

No. for State Registrar Only
21674

Registration District No. 904 Registered No. 57
 (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 Jessie Thompson If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>by</u>	4) Twin or Triplet To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Age at Birth <u>1 yr</u>	7) DATE OF BIRTH <u>July 8, 1932</u> (Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Cassie Thompson</u>			14) NAME BEFORE MARRIAGE <u>Beatie Dupon</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Lenoir, N.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Lenoir, N.C.</u>	
10) COLOR OR RACE <u>Wego</u>	11) AGE AT LAST BIRTHDAY <u>70</u> (Year)	13) BIRTHPLACE <u>Lenoir Co N.C.</u>	16) COLOR OR RACE <u>Wego</u>	17) AGE AT LAST BIRTHDAY <u>17</u> (Year)
12) OCCUPATION <u>Labour</u>			18) BIRTHPLACE <u>Lenoir Co N.C.</u>	
19) OCCUPATION <u>Labour</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>one</u>			21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary M. M. M.
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lenoir, N.C.

Given name added from a supplemental report

(26) Witness Jessie Thompson
 (Signature of Witness necessary only when question 23 is signed)
 (27) Filed July 17, 1932 (28) L. C. M. M. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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1. U.S. and STATE DEPARTMENTS use a SEPARATE BLANK FOR EACH CHILD, and make use of FIRST-BORN, No. 1. TIME OTHER, No. 2, etc., in question 1.