

(1) PLACE OF BIRTH

County of Greenville
Township of CaneCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — for State Registrar Only

24411

Inc. Town of Registration District No. 2991 No. 68
or
City of (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 Sam Thompson If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL?	(4) Twin or Triplet?	(3) Number in order of birth	(5) Age Married?	(7) DATE OF BIRTH <u>8 16 23</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Vander Thompson</u>		(14) NAME BEFORE MARRIAGE <u>Lillie Hegman</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Orum, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Orum, S.C.</u>		
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)	
(12) BIRTHPLACE <u>Orum, S.C.</u>		(18) BIRTHPLACE <u>Orum, S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive as 2 a M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julian Hegman

(24) State whether Physician or Midwife (Address of Physician or Midwife)

(26) Witness A. L. Cox

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

(27) Filed Aug 1923

(28)

W. H. Poston
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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