

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

W. E. McCaw, of Columbia

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Greenville</u></p> <p>Township of <u>Greenville</u></p> <p>or</p> <p>Inc. Town of</p> <p>or</p> <p>City of <u>Greenville</u></p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA.</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p>42022</p>
<p>(2) Full Name of Child <u>J. S. Thompson Jr.</u></p>		<p>Registration District No. <u>22.A.</u></p>	<p>Registered No. <u>480</u></p> <p>(For use of Local Registrar)</p>	<p>St. <u>Ward</u></p>
<p>(3) BOY OR GIRL? <u>Boy</u></p>	<p>(4) Twin or Triplet? <u>No</u></p>	<p>(5) Number in order of birth <u>1st</u></p>	<p>(6) Are Parents Married? <u>Yes</u></p>	<p>(7) DATE OF BIRTH <u>12 24 1914</u></p> <p>Place of Month (Day) (Year)</p>
<p>FATHER.</p> <p>(8) FULL NAME <u>J. S. Thompson</u></p> <p>(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u></p> <p>(10) COLOR OR RACE <u>White</u></p> <p>(11) AGE AT LAST BIRTHDAY <u>46</u></p> <p>(12) BIRTHPLACE <u>N. C.</u></p> <p>(13) OCCUPATION <u>Clerk</u></p> <p>(14) Number of children born to mother, including present birth <u>7</u></p>		<p>MOTHER.</p> <p>(15) NAME BEFORE MARRIAGE <u>Louise May</u></p> <p>(16) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u></p> <p>(17) COLOR OR RACE <u>White</u></p> <p>(18) AGE AT LAST BIRTHDAY <u>37</u></p> <p>(19) BIRTHPLACE <u>N. C.</u></p> <p>(20) OCCUPATION <u>House Wife</u></p> <p>(21) Number of children of this mother now living, including present birth <u>7</u></p>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</p> <p>(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>11</u> <u>A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</p> <p>(23) (Signature) <u>J. A. W. Smith</u></p> <p>(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Greenville R. 2</u></p>				
<p>Given name added from a supplemental report</p> <p>....., 191.....</p> <p>.....</p> <p>Registrar</p>		<p>(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)</p> <p>(27) Filed <u>Dec 24 8</u> 1914. (28) <u>J. A. W. Smith</u> Local Registrar</p>		
<p>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.</p>				
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