

(1) PLACE OF BIRTH

County of ...Cherokee.....

Township of Cherokee.....

Inc. Town of.....

City of.....

(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

No. 638 - For State Registrar Only

638

Registration District No. 10.000. Registered No. 5-
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy	(4) Type To be answered only in event of Twins or Triplets	(5) Number in order of birth 2	(6) Are Parents Married Yes	(7) DATE OF BIRTH Jan. 3, 1923 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Thompson

(9) PRESENT POSTOFFICE OF FATHER Blacksburg, S.C., Star Route.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE

(13) OCCUPATION Cherokee Co., S.C.

(14) OCCUPATION Farmer

(15) Number of children born to mother, including present birth (5-10)

MOTHER.

(16) NAME BEFORE MARRIAGE Lizzie Gaston

(17) PRESENT POSTOFFICE OF MOTHER Blacksburg, S.C., Star Route

(18) COLOR OR RACE Black (19) AGE AT LAST BIRTHDAY 29 (Year)

(20) BIRTHPLACE

(21) OCCUPATION Chester Co., S.C.

(22) OCCUPATION Housewife

(23) Number of children of this mother now living, including present birth (5-10)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive at 3:40 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) A. C. Little

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife

Physician

Blacksburg, S.C.

Given name added from a supplemental report

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

(29) Filed Jan. 10, 1923 (30) C. J. O. C. (31) 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.

Registrar