

PLACE OF BIRTH

County of Kershaw
 Township of Edisto
 or
 the Town of

CERTIFICATE OF BIRTH

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

Registration District No. 4701No. 4503 - For this register only

14503

Registered No. 70
(For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Robert Thompson (If child is not yet named, make supplemental report as directed)

(2) SEX Boy (3) Type or Figure V (4) Number in order of birth 4 (5) DATE OF BIRTH 3/29/29
 To be given only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER (13) FULL NAME Robert Thompson (14) NAME BEFORE MARRIAGE Kellie Wiley

(15) PRESENT RESIDENCE OF FATHER Caulder R 2D # 2 (16) PRESENT RESIDENCE OF MOTHER Caulder R 2D # 2

(17) COLOR White (18) AGE AT LAST BIRTHDAY 50 (19) COLOR White (20) AGE AT LAST BIRTHDAY 36
 (Year) (Year)

(21) BIRTHPLACE Lucy off O.C. (22) BIRTHPLACE Lucy off O.C.

(23) OCCUPATION Farmer (24) OCCUPATION Domestic

(25) Number of children born to mother, including present birth 10 (26) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(27) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature) J. H. Thomas

(29) State whether Physician or Midwife

(30) Address of Physician or Midwife Caulder R

Give name added from a supplemental report

(31) Witness (Signature of Witness necessary only when question 28 is signed) May 18 1929

(32) Filed May 18 1929 (33) Local Registrar. H. M. Nelson

*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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