

Form No. 1

(1) PLACE OF BIRTH

County of Greenville
 Township of Durbin
 or
 Inc. Town of
 or
 City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charlton Alton Thompson

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 27, 1933
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Lewis Charlton Thompson
 (9) PRESENT POSTOFFICE OF FATHER Piniston - S.C. R. 1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (Year)
 (12) BIRTHPLACE Grille Co. S.C.
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Lela Ridgeway
 (15) PRESENT POSTOFFICE OF MOTHER Piniston S.C. R. 1
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
 (Year)
 (18) BIRTHPLACE Grille Co. S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Wm. T. Knight, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Homer, Ark.

Given name added from a supplemental report

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

(27) Filed Nov 19 1933 (28) W. H. A. R. 02 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Columbia, Columbia, S. C.

CERTIFICATE OF BIRTH

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

No. for this Register
36036

Registration District No 22d Registered No. 5-9
 (For use of Local Registrar)

(No. St. Ward)