

(1) PLACE OF BIRTH

County of GreenwoodTownship of Greenwood

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 44-For this Register
4136Registration District No. 2306 Registered No. 93
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same and of street and number.)
City of (No. St. Ward)(2) Full Name of Child Charles Leroy Thompson (If name is not yet known, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH Feb 27 1923
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Ed Thompson</u>	(10) NAME BEFORE MARRIAGE <u>Louise Campbell</u>	(10) NAME BEFORE MARRIAGE <u>Louise Campbell</u>	(10) NAME BEFORE MARRIAGE <u>Louise Campbell</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Greenwood, S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Greenwood, S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Greenwood, S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Greenwood, S.C.</u>
(12) COLOR OR RACE <u>C</u>	(13) AGE AT LAST BIRTHDAY <u>31</u>	(12) COLOR OR RACE <u>C</u>	(13) AGE AT LAST BIRTHDAY <u>16</u>
(14) BIRTHPLACE <u>Greenwood, S.C.</u>	(15) BIRTHPLACE <u>Greenwood, S.C.</u>	(14) BIRTHPLACE <u>Greenwood, S.C.</u>	(15) BIRTHPLACE <u>Greenwood, S.C.</u>
(16) OCCUPATION <u>Laborer</u>	(17) OCCUPATION <u>Domestic</u>	(16) OCCUPATION <u>Domestic</u>	(17) OCCUPATION <u>Domestic</u>
(18) Number of children born to mother, including present birth <u>1</u>	(19) Number of children of this mother now living, including present birth <u>1</u>	(18) Number of children born to mother, including present birth <u>1</u>	(19) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Theresa R. ... (22) Address of Physician or Midwife Greenwood, S.C.(23) Since whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(25) Filed Mar 10 1923 (26) SPB Local Registrar

When this is an attending physician or midwife, then the father, householder, etc., should make this return. In a case otherwise even case, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY. WITH UPWARD INK—THIS IS A PERMANENT RECORD.
 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 1.