(1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or

City of Charleston

(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

File No.—For State Registrar Only

29223

Registration District No. 9A

Registered No. 1253

(For use of Local Registrar)

(No. Roper Hospital St.; ..... Ward)

(2) Full Name of Child Helen Thompson

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

(3) BOY OR GIRL: Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: Sept. (Name of Month) 9 (Day) 19 22 (Year)

FATHER.

(8) FULL NAME: Lawrence Thompson

(9) PRESENT POSTOFFICE OF FATHER: Charleston S. C.

(10) COLOR OR RACE: negro

(11) AGE AT LAST BIRTHDAY: 22 (Years)

(12) BIRTHPLACE: Charleston, S. C.

(13) OCCUPATION: Painter

MOTHER.

(14) NAME BEFORE MARRIAGE: Sadie Sadson

(15) PRESENT POSTOFFICE OF MOTHER: Charleston S. C.

(16) COLOR OR RACE: negro

(17) AGE AT LAST BIRTHDAY: 17 (Years)

(18) BIRTHPLACE: Charleston S. C.

(19) OCCUPATION: Domestic.

(20) Number of children born to mother, including present birth: 2

(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1.40 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Gilmer Mell

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Charleston, S. C.

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed 9/16 19 22

(28) .....

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.