

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of Anderson

(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

28683

Registration District No. 3ARegistered No. 324

(For use of Local Registrar)

(No. 41 C 82 St.; Ward)(2) Full Name of Child Laurita Vergenie Thacker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL X (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 3, 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME James Franklin Thacker(9) PRESENT POSTOFFICE OF FATHER Anderson Co.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE Anderson Co. S.C.(13) OCCUPATION cotton mill Oper.(14) NAME BEFORE MARRIAGE Lula Patterson(15) PRESENT POSTOFFICE OF MOTHER Anderson Co.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION cotton mill Oper.(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wade Thacker(24) State whether Physician or Midwife midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed (28) I. B. CRAYTON,

Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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