

(1) PLACE OF BIRTH

County of Union
Township of Boysville
or
Inc. Town of Buffalo
or
City of

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

Registration District No. 42B

File No.—For State Registrar Only

32555

Registered No. 63
(For use of Local Registrar)

(2) Full Name of Child Mary Ellen 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 11 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Eugene Thompson
(9) PRESENT POSTOFFICE OF FATHER Buffalo S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
(Year)
(12) BIRTHPLACE North Carolina
(13) OCCUPATION mill work.

MOTHER.

(14) NAME BEFORE MARRIAGE Blanche McChes
(15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19
(Year)
(18) BIRTHPLACE Spartanburg County
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 3 (21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:22 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J.P. Hornum
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Buffalo S.C.

Given name added from a supplemental report

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

(27) Filed Oct 10 1922 (28) J.C. F. Hoodman Local Registrar.

*When there was no attending physician or midwife, then the father, householders, 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.