

(1) PLACE OF BIRTH

County of Yamouille
 Township of Fairview
 or
 Inc. Town of
 or
 City of

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

Registration No. **43912**

Registration District No. 2206 Registered No.
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX OF CHILD MALE (4) Type or Triplet ✓ (5) Number in order of birth 10 (6) Are Parents Married Yes (7) DATE OF BIRTH Dec 30 23
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Robt V Thompson
 (9) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 10

MOTHER
 (15) NAME BEFORE MARRIAGE Minie Pedersen
 (16) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C.
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 42
 (Year)
 (19) BIRTHPLACE S.C.
 (20) OCCUPATION Housework
 (21) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. B. Stewart (24) Address of Physician or Midwife Fountain Inn S.C.
 (25) State Physician

Given name added from a supplemental report

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

(27) Filed (28) (29)
 Registrar 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."