

(1) PLACE OF BIRTH  
 County of Fairfield Co  
 Township of 15  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
**52106**

Registration District No. 1914 Registered No. 12  
 (For use of Local Registrar)  
 City of ..... (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, Ella Lou Thompson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 6 6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Chas Thompson</u>			(14) NAME BEFORE MARRIAGE <u>Sinda Watkins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Monticello Fairfield Co SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Monticello SC</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Fairfield Co SC</u>			(18) BIRTHPLACE <u>Fairfield Co SC</u>	
(13) OCCUPATION <u>Farm laborer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth } <u>2</u>			(21) Number of children of this mother now living, including present birth } <u>2</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Anna Lyles Mc-Case  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Monticello SC

Given name added from a supplemental report ..... 191..... ..... Registrar	(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>May 6 1916</u> (28) <u>J. A. Scott</u> Local Registrar
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\*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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 M. Cav. of Columbia.