

22 049392

1. PLACE OF BIRTH

County of Richland
 Township of RFD #4
 or
 Inc. Town of _____
 or
 City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 38-f

FILE No. For State Registrar Only

04943

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 Ernest Charles Thompson { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet or other	5. Number, in order of birth	6. Premature Full term	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>March 7, 1922</u> (Month, day, year)
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9. Full name <u>Sancho Thompson</u> FATHER		18. Name before marriage <u>Bessie Brantton Thompson</u> MOTHER	
10. Residence (mailing address) (If non-resident, give place and State)		19. Residence (mailing address) (If non-resident, give place and State)	
11. Color or race <u>Col</u>		20. Color or race <u>Col</u>	
12. Age at child's birth (years)		21. Age at child's birth (years)	
13. Birthplace (city or place) (State or country)		22. Birthplace (city or place) (State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn _____)

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 7 A. m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician
 or midwife, then the father, householder,
 etc., should make this return. }

Given name added from _____
a supplementary report _____
(Date of) _____(Signed) Bessie Thompson Parent

or _____ Guardian

Address 3822 Monroe St. Lata 2Filed 6-17, 1942 Martin B. Woodward, M. D.
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)