

6-16-17

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.)

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)

Ward _____

2. FULL NAME OF CHILD

Ernest Charles Thompson

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

3. Boy or Girl Boy 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married? yes 8. Date of birth March 7, 1922
(Month, day, year)

9. Full name Sancho Thompson FATHER

10. Residence (mailing address) Richland
(If non-resident, give place and State)

11. Color or race Col. 12. Age at child's birth _____ (years)

13. Birthplace (city or place) Richland
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. none

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Name before marriage Bessie Grantham Thompson MOTHER

19. Residence (mailing address) 3822 Monroe St.
(If non-resident, give place and State) Richland

20. Color or race Col. 21. Age at child's birth 24 (years)

22. Birthplace (city or place) Sumter County
(State or country)

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged 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. Richland

Filed 6-17, 1922 Martin B. Woodward, M. D. Registrar