

(1) PLACE OF BIRTH

County of AndersonTownship of Hall

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48006

Registration District No. 306 Registered No. 27

(For use of Local Registrar)

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Richard Wilton Thompson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 15 1916</u>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	

FATHER		MOTHER	
(8) FULL NAME <u>David Thompson</u>	(14) NAME BEFORE MARRIAGE <u>Ella White</u>	(9) PRESENT POSTOFFICE OF FATHER <u>La</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>La</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Anderson Co</u>	(18) BIRTHPLACE <u>Abbeville Co</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Barker(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Dear S.C.

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 Feb 19 1916 (28) S.M. McAdams 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.

MAKING RECOMMENDATIONS FOR BINDING.
 WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 No. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 S.C. of Columbia.