

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
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.

(1) PLACE OF BIRTH

County of Williamsburg  
Township of Peru  
or  
Inc. Town of .....  
or  
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

87815

Registration District No. 4308 Registered No. 108  
(For use of Local Registrar)

(2) Full Name of Child Peter Thomson

St.; ..... Ward)

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 15th 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel L. Thomson

(9) PRESENT POSTOFFICE OF FATHER Bryan, S. C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Williamsburg co., S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Orpha Roberts

(15) PRESENT POSTOFFICE OF MOTHER Bryan S. C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Williamsburg co., S. C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dicey Tisdale

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bryan, S. C.

Given name added from a supplemental report

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

(27) Filed Nov 28th 1916 (28) Albert R. Moseley 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.