

Form No. 1

(1) PLACE OF BIRTH

County of Sumner

Township of Waltham

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

1916

Registration District No. 2017 Registered No. 18

(For use of Local Registrar)

2) Full Name of Child Killie Tompson

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

3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 28 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Sam Tompson

9) PRESENT POSTOFFICE OF FATHER Atlanta

10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37 (Years)

12) BIRTHPLACE Florence Co

13) OCCUPATION Farming

20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Ether Anderson

15) PRESENT POSTOFFICE OF MOTHER Atlanta

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

18) BIRTHPLACE Sumter Co

19) OCCUPATION Farming

21) Number of children of this mother now living, including present birth 4

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) Sara .....

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Atlanta

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 3/11 1916. (28) A. Kelley 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.