

Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

1900

(1) PLACE OF BIRTH

County of FlorenceTownship of Walter

or

Inc. Town of

or

City of

Registration District No. 2012 Registered No. 18
(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 Kellie 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 1900
(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 27 (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 Holman(15) PRESENT POSTOFFICE OF MOTHER Atlanta(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (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.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(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 3/1/1900 (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.