

Form No. 1

(1) PLACE OF BIRTH

County of UnionTownship of S. 1st

or

Inc. Town of

or

City of (No. St.; Ward)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 22</u> <u>1916</u>
To be answered only in case of twins or triplets			(Name of Month) (Day) (Year)	

FATHER.

(2) FULL NAME Berry Thompson(3) PRESENT POSTOFFICE OF FATHER Carlisle(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE S. S.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Chick(15) PRESENT POSTOFFICE OF MOTHER Carlisle(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE S. S.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

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) Mauda Kelly(24) State whether Physician or Midwife (25) Address of Physician or Midwife Carlisle, S. S.

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 Mar 1 1916 (28) P. H. Jeter 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.

File No. — For State Registrar Only

50651

Registration District No. 4203 Registered No. 6
(For use of Local Registrar)

MARGIN RESERVED FOR INDEXING.
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.

Cav. of Columbia