

Form No. 1.

## (1) PLACE OF BIRTH

County of DillonTownship of Hedgesboroor  
Inc. Town of Fork S.C.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

51956

Registration District No. 1603 Registered No. 15

(For use of Local Registrar)

(2) Full Name of Child Lanuya Thompson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 2, 1906

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Major Thompson(9) PRESENT POSTOFFICE OF FATHER Fork S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Beeson(15) PRESENT POSTOFFICE OF MOTHER Fork S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION House wife & Field Hand(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 born alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Annice J. F. F.(24) State whether Physician or Midwife Midwife (25) Location of Physician or Midwife Fork S.C.

Given name added from a supplemental report

(26) Witness E. Thel. W. J. S. field (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Mar. 3, 1906 (28) E. Thel. W. J. S. field Local Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.