

FORM NO. 7. MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.
 N. B. McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Marion
 Township of Marion
 OF
 Inc. Town of Marion Registration District No. 320 Registered No. 3
 or
 City of (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 Sume Elizabeth Thompson If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
46781

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Jan 26 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER		
(8) FULL NAME <u>Wyllman Thompson</u>	(14) NAME BEFORE MARRIAGE <u>Ruby Hermit</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Marion SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Marion SC</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Marion Co SC</u>	(18) BIRTHPLACE <u>Marion Co SC</u>			
(13) OCCUPATION <u>Engineer Cotton Mill</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:20 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. Marion Drake

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Marion SC

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 Feb 1916 (28) Arthur O. King 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.

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