

Form No 1.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

72006

## (1) PLACE OF BIRTH

County of Cherokee

Township of .....

Inc. Town of Cherokee

City of .....

Registration District No. 12A Registered No. 67  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alexander Thompson

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 12, 1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	--	------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME Roy Thompson

(9) PRESENT POSTOFFICE OF FATHER Cherokee S.C.

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 24  
(Years)

(12) BIRTHPLACE Sumner, Ga

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Novella Lee

(15) PRESENT POSTOFFICE OF MOTHER Cherokee, S.C.

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 19  
(Years)

(18) BIRTHPLACE Doran, Ga

(19) OCCUPATION Work woman

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. B. Anderson(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
midwife Cherokee S.C.

Given name added from a supplemental report

..... 191....

..... Registrar

(26) Witness E. B. Anderson  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 18, 1916 (28) E. B. Anderson  
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.

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.

Law. of Columbia