

**CERTIFICATE OF BIRTH**

File No. For State Registrar Only

STATE OF

SOUTH CAROLINA

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STATE OF SOUTH CAROLINA

19999-A

Bureau of Vital Statistics

State Board of Health

**1. PLACE OF BIRTH**

County of Richland  
 Township of Columbia  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

Registration District No. 38-B Registered No. \_\_\_\_\_  
 (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** Fannie Ruth Thompson

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

3. **BOY OR GIRL** Girl 4. Twin or Triplet? \_\_\_\_\_ 5. Number in order of birth \_\_\_\_\_ 6. Are Parents Married? yes 7. **DATE OF BIRTH** June 2, 1922  
 (Name of Month) (Day) (Year)

**FATHER**  
 8. FULL NAME Lester P. Thompson  
 9. PRESENT OFFICE OF FATHER Columbia, S.C.  
 10. COLOR OR RACE white  
 11. AGE AT LAST BIRTHDAY 26 (Years)

**MOTHER**  
 14. NAME BEFORE MARRIAGE Ada Estell Evans  
 15. PRESENT OFFICE OF MOTHER Columbia, S.C.  
 16. COLOR OR RACE white  
 17. AGE AT LAST BIRTHDAY 24 (Years)

12. BIRTHPLACE Ga.

18. BIRTHPLACE S. C.

13. OCCUPATION state loan fixer

19. OCCUPATION domestic

20. Number of children born to mother, including present birth { 3

21. Number of children of this mother now living, including present birth { 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born at 11:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

Father Lester P. Thompson

24. State whether Physician or Midwife (Mrs. Byers dead) midwife 25. Address of Physician or Midwife \_\_\_\_\_

Name added from a supplemental report \_\_\_\_\_, 193\_\_\_\_\_  
 \_\_\_\_\_  
 Registrar.

26. Witness B. P. McKeever (Signature of Witness necessary only when question 23 is signed by mark)  
 27. Filed Aug 29 1935 28. L. Williams 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.